

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 703204

1. Entity Name
SAN JOSE CHURCH OF CHRIST, INC.



Principal Place of Business
6233 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32217

Mailing Address
6233 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32217



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
59-0839565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHIS, DON
6233 SAN JOSE BLVD
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	E
NAME	MATHIS, DON
STREET ADDRESS	6233 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	E
NAME	NIX, DAN
STREET ADDRESS	6233 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	E
NAME	SMITH, HAROLD
STREET ADDRESS	6233 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	E
NAME	BAILEY, ROGER
STREET ADDRESS	6233 SAN JOSE BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80052-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/06

Date

Daytime Phone #