


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90017 018 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0839565	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIS, DON 6233 SAN JOSE BLVD JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name <u>Nix, Danny</u> Street Address (P.O. Box Number is Not Acceptable) <u>6233 San Jose Blvd.</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32217</u>	
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 <u>Danny Nix</u> <u>Danny Nix</u> <u>Feb. 22, 2007</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E MATHIS, DON 6233 SAN JOSE BLVD JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E NIX, DAN 6233 SAN JOSE BLVD JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E SMITH, HAROLD 6233 SAN JOSE BLVD JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E BAILEY, ROGER 6233 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Pence, Ken 6233 San Jose Blvd. Jacksonville, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Ice, Bob 6233 San Jose Blvd. Jacksonville, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Danny Nix</u> <u>Danny Nix</u> <u>Feb. 22, 2007</u> (904) 737-2333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					