

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

53 MAY 11 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737445** (7)
1. Corporation Name
WEST JACKSONVILLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3838 FIRESTONE ROAD JACKSONVILLE FL 32210

3. Date Incorporated or Qualified **12/07/1976** 3a. Date of Last Report **07/08/1994**
4. FEI Number **59-2695894** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc 26 Suite Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HALL, GARY L.
3838 FIRESTONE ROAD
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent and Mailing Address) _____ (Signature of Agent Signature Required when Applicable) _____ (Date)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WATTS, ANANIAS
STREET ADDRESS	7217 EUDINE DR.
CITY ST ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	JENKINS, OLIVER L
STREET ADDRESS	6640 RHONE DRIVE
CITY ST ZIP	JACKSONVILLE FL 00000
TITLE	D
NAME	HALL, MARY L.
STREET ADDRESS	2204 CONSTITUTION DRIVE
CITY ST ZIP	ORANGE PARK FL
TITLE	PD
NAME	HALL, GARY L.
STREET ADDRESS	2204 CONSTITUTION DRIVE
CITY ST ZIP	ORANGE PARK FL
TITLE	D
NAME	STOKES, MARY
STREET ADDRESS	5642 CEDAR AVE
CITY ST ZIP	JACKSONVILLE FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ (Include Printer's Name)