

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90011 030 ****61.25

DOCUMENT # 768593					
1. Entity Name NORTH FLORIDA DISTRICT OF THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.					
Principal Place of Business 4600 MIDDLETON PARK CIR E APT B-309 JACKSONVILLE, FL 32224 US			Mailing Address 4600 MIDDLETON PARK CIR E APT B-309 JACKSONVILLE, FL 32224 US		
2. Principal Place of Business 11924 San Jose Blvd.		3. Mailing Address 11924 San Jose Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-2490823	
Zip 32223		Country Duval		Applied For Not Applicable	
Zip 32223		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHREE, RAY 2666 MYRA STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name JEFF SMITH Street Address (P.O. Box Number is Not Acceptable) 11924 SAN JOSE BLVD JACKSONVILLE City JACKSONVILLE FL 32223		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		President		1-14-04	
Filing Fee is \$61.25 Due by May 1, 2004		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 PD NAME MURPHREE, RAY STREET ADDRESS 2666 MYRA STREET CITY-ST-ZIP JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE PD NAME JEFF SMITH STREET ADDRESS 11924 San Jose Blvd, Jacksonville FL 32223 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DUBBERLY, BARBARA STREET ADDRESS 2979 GREEN ST CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MARIGAN, EMILY STREET ADDRESS 4482 CAROLYN COVE LANE S. CITY-ST-ZIP JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE SD NAME EMILY MADIGAN STREET ADDRESS 4482 Carolyn Cove Lane S, Jacksonville FL 32258 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 	<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 	<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 exemption stated in Section 119.07(3)(i), 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:		PRESIDENT		1-14-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 262-1662	