2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004712

1. Entity Name

CHRISTIAN FINANCIAL SERVICES-JACKSONVILLE, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90055 017 ****70.00

			WE THE					
10482 WELLINGTON SPRINGS WAY 19		Mailing Address 10482 WELLINGTON SPRINGS WAY JACKSONVILLE FL 32221		1 10011111 811 58116	TO SENIE CONTRACTOR CONTRACTOR	D(D) (1000)	8 (8) (8) (8 0)	
2. Principal P	Place of Business	3. Mailing Address	246					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	CIN	- Сн	ECK HERE IF MAKING	CHANGES		
City & Stat	e	City & State Tacksonville	, FL	4. FEI Number 30-003	 8056		oplied For ot App'icable	7
Zip	Country	32236-624b	Country	5. Certificate of Statu	is Desired III	8.75 Add	ditional	1
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7 Name and Address	ss of New Registered A	•		┨
	*	riegistered Agent	Nama			gent		┨
	ELLINGTON SPRINGS WAY		Street Address (P.O. Box Number is Not Acceptable)				-	
JACKSON	WILLE FL 32221		City			Zip Cod		
			l Oity		FL	Zip Cod	е	
the obligat	ions of registered agent. Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE			
Ř.	FILE NOW: FEE IS \$61.25	9. Election Cam _l Trust Fund Cc	· · · -	\$5.00 May Be Added to Fees	Make Check Florida Departr			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, LICHELLE 10482 WELLINGTON SPRINGS W JACKSONVILLE FL 32221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, CHRIS 10482 WELLINGTON SPRINGS W JACKSONVILLE FL 32221	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition]]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, donald 10482 Wellington Springs W Jacksonville FL 32221	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	الانتهام الانتهام المنافقين والانتهام المنافقين والانتهام المنافق المنافق المنافق المنافق المنافق المنافق المن	ايد ج وي سود	☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 50	. 1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		 	Change	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:

Darald White Would Whate Fres.

4-21-03

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