

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48901

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: JOSHUA CHRISTIAN FAITH CENTER, INC.

**Current Principal Place of Business:**

924 ST. CLAIR ST.  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

924 ST. CLAIR ST.  
JACKSONVILLE, FL 32254 US

**New Mailing Address:**

FEI Number: 59-3129826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINKNEY, FREDERIC B PRES  
11541 CORAL RIDGE AVE  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: PINKNEY, FREDERIC B,  
Address: 11541 CORAL RIDGE AVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VT ( ) Delete  
Name: PINKNEY, GLORIA H,  
Address: 11541 CORAL RIDGE AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST ( ) Delete  
Name: CLAYTON, ELAINE,  
Address: 3856 FENNGLEN DR  
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete  
Name: HARRIS, LISA  
Address: 11825 WAXBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR ( ) Delete  
Name: ADAMS, TERENCE  
Address: 8206 BLAZING STAR RD.  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERIC PINKNEY

PRES

01/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date