

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90012 014 \*\*\*\*61.25

**DOCUMENT # N99000002896**



**1. Entity Name**  
**BRACY TEMPLE CHURCH OF GOD IN CHRIST, INC.**

**Principal Place of Business**  
**2315 WEST 45TH STREET**  
**JACKSONVILLE FL 32208**

**Mailing Address**  
**2315 WEST 45TH STREET**  
**JACKSONVILLE FL 32208**

**24082387**



**MOORE CR2E037 (4/04)**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3580824**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRACY, VERNON**  
**2315 WEST 45TH STREET**  
**JACKSONVILLE FL 32208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$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** D ☐ Delete  
**NAME** BRACY, VERNON  
**STREET ADDRESS** 6766 HEMA ROAD  
**CITY-ST-ZIP** JACKSONVILLE FL 32209

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** MARSHALL, REGINALD  
**STREET ADDRESS** 8205 BERRACUDA ROAD  
**CITY-ST-ZIP** JACKSONVILLE FL 32244

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** JORDAN, ANGIE  
**STREET ADDRESS** 8957 MADISON AVE.  
**CITY-ST-ZIP** JACKSONVILLE FL 32208

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** MARSHALL, BRIDGETTE Y  
**STREET ADDRESS** 8205 BARACUDA ROAD  
**CITY-ST-ZIP** JACKSONVILLE FL 32244

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** JORDAN, DANIEL  
**STREET ADDRESS** 8957 MADISON AVE.  
**CITY-ST-ZIP** JACKSONVILLE FL 32208

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** GIVENS, KATHY  
**STREET ADDRESS** 4763 IRVINGTON AVE.  
**CITY-ST-ZIP** JACKSONVILLE FL 32208

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-22-04

768-0891