

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 044 ****61.25

DOCUMENT # N25623

1. Entity Name
GENEVA PRESBYTERIAN CHURCH, INC.



Principal Place of Business
1755 STATE RD 13
JACKSONVILLE, FL 32259

Mailing Address
1755 STATE RD 13
JACKSONVILLE, FL 32259

50031907



02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2865080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, WAYNE E
1755 STATE RD 13
JACKSONVILLE, FL 32259

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T
NAME EDWARDS, MARION
STREET ADDRESS 1755 STATE RD 13
CITY-ST-ZIP JACKSONVILLE, FL 32259
*Thomas Braden
1755 State Road 13
Jacksonville, FL 32259*

PSD
NAME FLOWERS, WAYNE
STREET ADDRESS 1755 STATE ROAD 13
CITY-ST-ZIP JACKSONVILLE, FL 32259

VD
NAME REYNOLDS, RONALD
STREET ADDRESS 1755 STATE ROAD 13
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

10/25/05

904-287-4865