

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760471

**Entity Name:** GREATER HARVEST CHRISTIAN FELLOWSHIP OF JACKSONVILLE, INC

**Current Principal Place of Business:**

9113 RIDGE BLVD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

9113 RIDGE BLVD  
JACKSONVILLE, FL 32208 US

**FEI Number: 59-3607438**

**Certificate of Status Desired: No**

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

LEGONS, JOHNNY AREV  
2820 HAMILTON CIRCLE  
JACKSONVILLE, FL 32209 US

*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

**Officer/Director Detail :**

Title PD  
Name LEGONS, JOHNNY AREV  
Address 2820 HAMILTON CIRCLE  
City-State-Zip: JACKSONVILLE FL 32209

Title VTD  
Name GARY, BUTLER  
Address 6844 CHAMPLAIN RD,  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name ALEXANDER, LINCOLN BSR  
Address 11626 BRIDGES RD  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name HALL, ERNEST SR  
Address 5050 CAMPANELLA DR.  
City-State-Zip: JACKSONVILLE FL 32209

*I hereby 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 all other like empowered.*

SIGNATURE: JOHNNY A. LEGONS

PASTOR

01/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date