## **2013 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

FILED Jan 15, 2013

**Secretary of State** 

CC2235931898

Officer/Director Detail:

Title PD Title VTD

Name LEGONS, JOHNNY AREV Name GARY, BUTLER

Address 2820 HAMILTON CIRCLE Address 6844 CHAMPLAIN RD,
City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: JACKSONVILLE FL 32208

Title D Title C

Name BRADFORD, CARL Name ALEXANDER, LINCOLN BSR

Address 8819 CAMPHOR DRIVE Address 11626 BRIDGES RD

City-State-Zip: JACKSONVILLE FL 32208 City-State-Zip: JACKSONVILLE FL 32218

Title D Title D

NameGILLEM, THOMASNameHALL, ERNEST SRAddress3437 TARPON DRIVEAddress2421 LANTANA AVENUECity-State-Zip:JACKSONVILLE FL 32277City-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

SENIOR PASTOR

01/15/2013