# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N48901

#### Entity Name: JOSHUA CHRISTIAN FAITH CENTER, INC.

# **Current Principal Place of Business:**

924 ST. CLAIR ST. JACKSONVILLE, FL 32254

# **Current Mailing Address:**

924 ST. CLAIR ST. JACKSONVILLE, FL 32254 US

# FEI Number: 59-3129826

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

PINKNEY, FREDERIC BPRES 5237 CATTLE CROSSING WAY JACKSONVILLE, FL 32226 US Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

	Title	PT	Title	VT
	Name	PINKNEY, FREDERIC B	Name	PINKNEY, GLORIA H
	Address	5237 CATTLE CROSSING WAY	Address	5237 CATTLE CROSSING WAY
	City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226
	Title	ST	Title	т
	Name	CLAYTON, ELAINE	Name	HARRIS, LISA
	Address	3856 FERNGLEN DR	Address	11825 WAXBERRY LANE
	City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL 32218
	Title	TR	Title	FS
	Title Name	TR ADAMS, TERENCE	Title Name	FS PINKNEY, SHAYLA A
	Name	ADAMS, TERENCE	Name	PINKNEY, SHAYLA A
	Name Address	ADAMS, TERENCE 504 PORTOBELLO DRIVE	Name Address City-State-Zip: Title	PINKNEY, SHAYLA A 11541 CORAL RIDGE AVE JACKSONVILLE FL 32218 EDUCATIONAL ADVISOR
	Name Address City-State-Zip:	ADAMS, TERENCE 504 PORTOBELLO DRIVE JACKSONVILLE FL 32221	Name Address City-State-Zip: Title Name	PINKNEY, SHAYLA A 11541 CORAL RIDGE AVE JACKSONVILLE FL 32218 EDUCATIONAL ADVISOR ROBERTS, ALICE
	Name Address City-State-Zip: Title	ADAMS, TERENCE 504 PORTOBELLO DRIVE JACKSONVILLE FL 32221 COMMUNITY ADVOCATE	Name Address City-State-Zip: Title Name Address	PINKNEY, SHAYLA A 11541 CORAL RIDGE AVE JACKSONVILLE FL 32218 EDUCATIONAL ADVISOR ROBERTS, ALICE 12301 KERNAN FOREST BLVD BLDG
	Name Address City-State-Zip: Title Name	ADAMS, TERENCE 504 PORTOBELLO DRIVE JACKSONVILLE FL 32221 COMMUNITY ADVOCATE MCKIEVER, DORTHY	Name Address City-State-Zip: Title Name	PINKNEY, SHAYLA A 11541 CORAL RIDGE AVE JACKSONVILLE FL 32218 EDUCATIONAL ADVISOR ROBERTS, ALICE

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: FREDERIC PINKNEY

PASTOR

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 28, 2019 Secretary of State 7788054068CC

Date