


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90120 046 ****61.25

DOCUMENT # 701886 1. Entity Name THE SOUTH JACKSONVILLE PRESBYTERIAN CHURCH, INCORPORATED					
Principal Place of Business 2137 HENDRICKS AVENUE JACKSONVILLE, FL 32207			Mailing Address 2137 HENDRICKS AVENUE JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLOVER, GLORIA 2137 HENDRICKS AVENUE JACKSONVILLE, FL 32207				Name Mickles, Alice Street Address (P.O. Box Number is Not Acceptable) 2137 Hendricks Ave City Jacksonville FL 32207	
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 <i>Alice Mickles - Office Manager</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-18-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T HINKLEY, PAUL 1545 MARCO PLACE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lyon, Wilford 4035 Alhambra Dr. West Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLARD, RENE 7809 DEERWOOD POINT COURT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McDowell, Mike 1934 Lakewood Road Jacksonville, FL 32207-5318	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUNKLEY, DAVID SR 6136 VASARI DRIVE JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOSLEY, CARL 403 ABINGDON JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woosley, Caryl	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, ARCHIE 6542 CHRISTOPHER POINT RD W JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zahra, Ellis 824 Mapleton Terrace Jacksonville, FL 32207-5207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP GUTHRIE, WILLIAM 13147 FORT CAROLINE ROAD JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Alice Mickles - Alice Mickles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-18-06 (904) 296-0507 <small>Date Daytime Phone #</small>	

50014679



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0662280

Applied For
Not Applicable

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	NAME	Delete
	HINKLEY, PAUL	<input checked="" type="checkbox"/>
STREET ADDRESS	1545 MARCO PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

TITLE	NAME	Delete
	POLLARD, RENE	<input checked="" type="checkbox"/>
STREET ADDRESS	7809 DEERWOOD POINT COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	NAME	Delete
	TS DUNKLEY, DAVID SR	<input type="checkbox"/>
STREET ADDRESS	6136 VASARI DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

TITLE	NAME	Delete
	T WOOSLEY, CARL	<input type="checkbox"/>
STREET ADDRESS	403 ABINGDON	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

TITLE	NAME	Delete
	T JENKINS, ARCHIE	<input checked="" type="checkbox"/>
STREET ADDRESS	6542 CHRISTOPHER POINT RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	

TITLE	NAME	Delete
	TP GUTHRIE, WILLIAM	<input checked="" type="checkbox"/>
STREET ADDRESS	13147 FORT CAROLINE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change	Addition
	Lyon, Wilford	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	4035 Alhambra Dr. West		
CITY-ST-ZIP	Jacksonville, FL 32207		

TITLE	NAME	Change	Addition
	McDowell, Mike	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	1934 Lakewood Road		
CITY-ST-ZIP	Jacksonville, FL 32207-5318		

TITLE	NAME	Change	Addition
	Woosley, Caryl	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	NAME	Change	Addition
	Zahra, Ellis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	824 Mapleton Terrace		
CITY-ST-ZIP	Jacksonville, FL 32207-5207		

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alice Mickles - Alice Mickles* 4-18-06 (904) 296-0507