

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702843**

1. Entity Name  
NORTH JACKSON AVENUE CHURCH OF CHRIST, INC



Principal Place of Business  
450 NORTH JACKSON AVE  
BARTOW, FL 33830

Mailing Address  
450 NORTH JACKSON AVE  
BARTOW, FL 33830

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2958468

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LLOYD, LARRY R  
4235 NEWLYN LANE  
WINTER HAVEN, FL 3880

**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 reappointing)

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**

TITLE	PD
NAME	LLOYD, LARRY R
STREET ADDRESS	4235 NEWLYN LANE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	FANEUF, JOHN
STREET ADDRESS	1324 MORNINGSIDE DR
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	MEIRER, CARL
STREET ADDRESS	1010 S 1ST AVE
CITY-ST-ZIP	BARTOW, FL
TITLE	T
NAME	MEIER, STEVEN
STREET ADDRESS	1010 BARGAINVILLE WAY E
CITY-ST-ZIP	BARTOW, FL 33830
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:**

*Larry R Lloyd* LARRY R. LLOYD

1/16/05

519-7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #