


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 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
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2958468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

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

1100000385141
01/18/06-80004-021 61.25

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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: Larry R Lloyd 1-8-06 519-7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #