FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -3 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707446 (1)

1. Corporation Name
CHRISTIAN LIFE CHURCH OF JACKSONVILLE, INCORPORATED

Principal Place of Business	Mailing Address
400 CAHOON ROAD JACKSONVILLE FL 32220	400 CAHOON ROAD JACKSONVILLE FL 32220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1964
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1307524 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JOHNS, CARLTON
8004 CANNON ST.
JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	CARSWELL, JOHN R.	1.2 NAME	(ZIP)
STREET ADDRESS	8471 CASSIE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	ZIP: 32221
TITLE	VPD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	HIDALGO, KARL	2.2 NAME	(OMIT HIDALGO)
STREET ADDRESS	6752 BAKERSFIELD DR.	2.3 STREET ADDRESS	NOVOCIN, NORB 5015 E. LOFTY PINES CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	STD	3.1 TITLE	VPD ☒ Change ☒ Addition
NAME	JOHNS, CARLTON	3.2 NAME	(TITLE) (ZIP)
STREET ADDRESS	8004 CANNON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	ZIP: 32220
TITLE		4.1 TITLE	TD ☐ Change ☒ Addition
NAME		4.2 NAME	WEAVER, GARY
STREET ADDRESS		4.3 STREET ADDRESS	7945 BURMA ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	$213

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.R. Carswell J.R. CARSWELL 1-31-95 (904) 781-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025084