2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# 707446

Entity Name: CHRISTIAN LIFE CHURCH OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

400 CAHOON ROAD
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

400 CAHOON ROAD
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-1307524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN R CARSWELL
8471 CASSIE RD
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARSWELL, JOHN R
Address: 8471 CASSIE RD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD ( ) Delete
Name: NOVOCIN, NORB
Address: 6316 CRANBERRY LANE E.
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete
Name: WEAVER, GARY
Address: 7945 BURMA ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: DILL, MARK
Address: 7598 GLEN NURSERY ROAD
City-St-Zip: GLEN ST. MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN CARSWELL PD 01/18/2005

Electronic Signature of Signing Officer or Director — Date