


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 708781 1. Entity Name ARLINGTON CHRISTIAN CHURCH, INC.	
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Principal Place of Business 8075 LONE STAR ROAD JACKSONVILLE, FL 32211	Mailing Address 8075 LONE STAR ROAD JACKSONVILLE, FL 32211
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1313399	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

SANDIFER, EMORY H
13658 SHIPWATCH DRIVE
JACKSONVILLE, FL 32225

**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 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	D ROLLINS, PEGGY 1218 TOWNSEND BLVD JACKSONVILLE, FL 322116054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, ALVA M 8152 VERMANTH RD. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, CHARLES 8152 VERMANTH ROAD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, MARY JEAN 3930 GREEN HOLLOW DRIVE WEST JACKSONVILLE, FL 322772615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COX, T T 3230 GREEN HOLLOW DRIVE WEST JACKSONVILLE, FL 322772615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDIFER, EMORY H 13658 SHIPWATCH DRIVE JACKSONVILLE, FL 32225

1100000380699
01/11/06-80024-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Emory H. Sandifer - EMORY H. SANDIFER 1-4-2006 (904) 220-7286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #