

**2007-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # 708781

1. Entity Name
ARLINGTON CHRISTIAN CHURCH, INC.



Principal Place of Business
8075 LONE STAR ROAD
JACKSONVILLE, FL 32211

Mailing Address
8075 LONE STAR ROAD
JACKSONVILLE, FL 32211



01072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1313399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000584219
01/12/07-80027-011 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROLLINS, PEGGY
STREET ADDRESS 1218 TOWNSEND BLVD
CITY-ST-ZIP JACKSONVILLE, FL 322116054

TITLE D
NAME VALENTINE, ALVA M
STREET ADDRESS 8152 VERMANTH RD.
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D
NAME VALENTINE, CHARLES
STREET ADDRESS 8152 VERMANTH ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE S
NAME COX, MARY JEAN
STREET ADDRESS 3930 GREEN HOLLOW DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 322772615

TITLE C
NAME COX, T T
STREET ADDRESS 3230 GREEN HOLLOW DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 322772615

TITLE TD
NAME SANDIFER, EMORY H
STREET ADDRESS 13658 SHIPWATCH DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMORY H. SANDIFER

1-7-07

Date

(904) 220-7286

Daytime Phone #