


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90034 012 \*\*\*\*61.25

<b>DOCUMENT # 713288</b>					
1. Entity Name <b>ARLINGTON PRESBYTERIAN CHURCH, INC.</b>					
Principal Place of Business <b>1300 SPRINKLE DRIVE JACKSONVILLE FL 32211-5494 US</b>			Mailing Address <b>1300 SPRINKLE DRIVE JACKSONVILLE FL 32211-5494 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-0816428</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BALLARD, SIMMONS 8133 FORT CAROLINE ROAD JACKSONVILLE FL 32277</b>			Name <b>Daniel Aubrey</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>1222 Grandview Drive</b>		
			City	State	Zip Code
<b>Jacksonville</b>			<b>FL 32211-6031</b>		
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 <b>Daniel Aubrey - Clerk of Session</b>					
SIGNATURE <i>Daniel Aubrey</i>				DATE <b>01/26/05</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROOVER, DANIEL A		NAME	Roger B. Johnson, Jr.	
STREET ADDRESS	1914 WOODLEIGH DR. W.		STREET ADDRESS	13935 Spanish Marsh Trail	
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP	Jacksonville, FL 32225-1919	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, LEO		NAME		
STREET ADDRESS	8339 LAWFIN ST. S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETSINGER, ROBERT R		NAME		
STREET ADDRESS	1221 SUNNYMEADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Roger B. Johnson, Jr.</i>				DATE: <b>01/26/05 (904) 743-1211</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

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1st MOORE CR2E037 (10/04)