

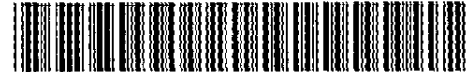
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 715827

1. Entity Name

CHRIST SANCTIFIED HOLY CHURCH OF JACKSONVILLE, INC.



Principal Place of Business

**1820 SOUTH SIDE BLVD
JACKSONVILLE FL 32216-1928**

Mailing Address

**1820 SOUTH SIDE BLVD
JACKSONVILLE FL 32216-1928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-6014581**

Applied For Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLIER, ELWOOD T
8233 FT CAROLINE ROAD
JACKSONVILLE FL 32277**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD	TITLE	
NAME	COLLIER, ELWOOD T	NAME	
STREET ADDRESS	8233 FT CAROLINE RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	COLLIER, CHARLOTTE GRAY	NAME	
STREET ADDRESS	8233 FT CAROLINE RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	COLLIER, CHARLES E	NAME	
STREET ADDRESS	4452 BAY HARBOUR DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	COLLIER, JR, ELWOOD T	NAME	
STREET ADDRESS	673C PONTE VEDRA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	COLLIER, CHARLOTTE GRAY	NAME	
STREET ADDRESS	8233 FT. CAROLINE RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	TEMPLE, CHARLOTTE	NAME	
STREET ADDRESS	11106 SAIL POINT LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

904-655-2994