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	Mailing Address
1820 SOUTH SIDE BLVD JACKSONVILLE FL 32216-1928	1820 SOUTH SIDE BLVD JACKSONVILLE FL 32216-1928

1st MOORE CR2E037 (10/05)

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 59-6014581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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	☐ Delete	TITLE		☐ Change ☐ Add
NAME	COLLIER, ELWOOD T		NAME	U00000144753	
STREET ADDRESS	8233 FT CAROLINE RD		STREET ADDRESS	03/07/06-80015-012 61.25	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	COLLIER, CHARLOTTE GRAY		NAME		
STREET ADDRESS	8233 FT CAROLINE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	COLLIER, CHARLES E		NAME		
STREET ADDRESS	4452 BAY HARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
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	☐ Delete	TITLE		☐ Change ☐ Add
NAME	COLLIER, CHARLOTTE GRAY		NAME		
STREET ADDRESS	8233 FT. CAROLINE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Add
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

SIGNATURE E. L. Collier ELWOOD COLLIER 3/3/06