


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

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90065 003 \*\*\*\*70.00

<b>DOCUMENT # 718929</b> 1. Entity Name <b>THE CHURCH OF GOD IN CHRIST, CENTRAL FLORIDA JURISDICTION, INC.</b>	
--	---

Principal Place of Business <del>2179 EMERSON ST.</del> <b>JACKSONVILLE FL 32207</b>	Mailing Address <b>PO BOX 12235 JACKSONVILLE FL 32209</b>
--	--

2. Principal Place of Business <b>2591 W. Beaver St.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Jacksonville, FL</b>	City & State
Zip <b>32254</b>	Country <b>Duval</b>



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>DIXON, RUSHIE L BISHOP 1919 NAVAHO AVE. JACKSONVILLE FL 32210</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD HOLIDAY, THERESA 5415 PARIS AVE. JACKSONVILLE FL 32209			
VD WILLIAMS, DETROIT REV. 7407 NW 21ST COURT GAINESVILLE FL 32653	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD DAYS, JOHNNY REV 3818 NE 14TH ST. GAINESVILLE FL 32609	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD DIXON, RUSHIE L BISHOP 1919 NAVAHO AVE. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD YOUNG, AARON REV 4505 NW 51ST DRIVE GAINESVILLE FL 32698	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Theresa Holiday* **2-1-05 (904) 765-7712**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #