

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

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90074 016 \*\*\*\*61.25

**DOCUMENT # 718929**

1. Entity Name

THE CHURCH OF GOD IN CHRIST, CENTRAL FLORIDA  
JURISDICTION, INC.



Principal Place of Business

2591 W BEAVER ST  
JACKSONVILLE FL 32254

Mailing Address

PO BOX 12235  
JACKSONVILLE FL 32209

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

74-8106975

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

DIXON, RUSHIE L BISHOP  
1919 NAVAHO AVE.  
JACKSONVILLE FL 32210

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS HOLIDAY, THERESA  
CITY-ST-ZIP 5415 PARIS AVE.  
JACKSONVILLE FL 32209

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS WILLIAMS, DETROIT REV  
CITY-ST-ZIP 7407 NW 21ST COURT  
GAINESVILLE FL 32653

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS DAYS, JOHNNY REV  
CITY-ST-ZIP 3818 NE 14TH ST.  
GAINESVILLE FL 32609

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS DIXON, RUSHIE L BISHOP  
CITY-ST-ZIP 1919 NAVAHO AVE.  
JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS YOUNG, AARON REV  
CITY-ST-ZIP 4505 NW 51ST DRIVE  
GAINESVILLE FL 32698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Gainesville FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Theresa Holiday* Theresa Holiday 1-31-06 (904) 765-7773