

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90013 009 \*\*\*\*70.00

**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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number: **74-8106975**  
 Applied For:  Not Applicable:

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**DIXON, RUSHIE L BISHOP**  
**1919 NAVAHO AVE.**  
**JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent Signature is required when re-registering) DATE: \_\_\_\_\_

**FILE NOW FEE IS \$61.25 Due By May 1, 2008**

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: TD NAME: HOLIDAY, THERESA STREET ADDRESS: 5415 PARIS AVE. CITY-ST-ZIP: JACKSONVILLE FL 32209	<input type="checkbox"/> Delete	TITLE: TD NAME: Holiday, Theresa STREET ADDRESS: P. O. Box 12444 CITY-ST-ZIP: Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WILLIAMS, DETROIT REV STREET ADDRESS: 7407 NW 21ST COURT CITY-ST-ZIP: GAINESVILLE FL 32653	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DAYS, JOHNNY REV STREET ADDRESS: 3818 NE 14TH ST. CITY-ST-ZIP: GAINESVILLE FL 32609	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DIXON, RUSHIE L BISHOP STREET ADDRESS: 1919 NAVAHO AVE. CITY-ST-ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: YOUNG, AARON REV STREET ADDRESS: 4505 NW 51ST DRIVE CITY-ST-ZIP: GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Smith, Lonnie Rev STREET ADDRESS: 2104 Vine Street CITY-ST-ZIP: Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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 2-11-08 (904) 765-7772