

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

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 726398 1. Entity Name THE MURRAY HILL PRESBYTERIAN CHURCH OF JACKSONVILLE, FLORIDA					
Principal Place of Business OF JACKSONVILLE, FLORIDA 940 TALBOT AVE. JACKSONVILLE FL 32205			Mailing Address OF JACKSONVILLE, FLORIDA 940 TALBOT AVE. JACKSONVILLE FL 32205		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <div style="text-align: right;">59-0830746</div>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> YONGUE, BRUCE 4581 PALMER AVENUE JACKSONVILLE FL 32210 </div>				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 <u><i>Bruce Yongue</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Bruce Yongue <small>(NOTE: Registered Agent signature required when reinstating)</small>		2-15-2006 <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, BILL 5375 ORTEGA FARM BLVD #310 JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> U00000438176 02/28/06-80072-017 61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, LARRY 4402 TRAVELERS ROAD JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YONGUE, BRUCE 4581 PALMER AVE JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

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.