

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726860

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CHRISTIAN FAMILY CHAPEL OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

10365 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 322576419

**New Principal Place of Business:**

**Current Mailing Address:**

10365 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 322576419

**New Mailing Address:**

**FEI Number:** 59-1510448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

W.A. HARMON  
4349 WORTH DR. W.  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEAVER, W. FROST  
Address: 8735 BATTEN ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TD ( ) Delete  
Name: ALLEN, JOHN  
Address: 4399 PHILLIPS PLACE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete  
Name: HARTMAN, PHILIP  
Address: 6350 CHRISTOPHER CREEK ROAD E.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: FELTEN, JERRY  
Address: 4835 EMPIRE AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: MURRAY, LOREN  
Address: 3590 JOE ASHTON ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. A. HARMON

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date