

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90365 023 ****61.25

DOCUMENT # 728821

1. Entity Name

JACKSONVILLE CAMPUS MINISTRY, INC.



Principal Place of Business

1300 SPRINKLE DR
JACKSONVILLE FL 32211

Mailing Address

1300 SPRINKLE DR
JACKSONVILLE FL 32211

2. Principal Place of Business

5333 UNIVERSITY BLVD N
Suite, Apt. #, etc.

3. Mailing Address

PMB# 244
12620-3 BEACH BLVD.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

4. FEI Number
51-0203848

Applied For
Not Applicable

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

Zip

32246

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, BILL DR
1890 SHADOWLAWN AVENUE
JACKSONVILLE FL 32205

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

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 PD ☐ Delete
NAME TOMLINSON, BILL DR.
STREET ADDRESS 1890 SHADOWLAWN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE T ☐ Delete
NAME PICKHARDT, ROBERT
STREET ADDRESS 4009 SHOAL CREEK LANE F
CITY-ST-ZIP JACKSONVILLE FL

TITLE CT ☐ Delete
NAME PENNEY, EVELYN
STREET ADDRESS 2149 HUNTSFORD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Robert C. Pickhardt

TREASURER

4/15/2006