

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 731019	
1. Entity Name THE GREATER JACKSONVILLE CHURCH OF GOD, INC.	

Principal Place of Business 4510 SOUTEL DRIVE JACKSONVILLE, FL 32208	Mailing Address 4510 SOUTEL DRIVE JACKSONVILLE, FL 32208
--	--

DO NOT WRITE IN THIS SPACE



07212006 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0188273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELLS, MICHAEL T
4510 SOUTEL DRIVE
JACKSONVILLE, FL 32208**

DO NOT WRITE IN THIS SPACE

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 required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CAMPBELL, L. JOYCE 9901 RIDGE BLVD. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LASTER-HUNTER, EDDIE 11766 E. KINGFISHER LN JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, MICHAEL T 12564 BISCAYNE LAKE DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANEY, GINA R 3825 MARLO STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, BEVERLY 2333 ST. LEGER DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, BRENDA 2168 COLLEGE CIRCLE JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

U00000573850
08/08/06-80005-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael T. Wells **Michael T. Wells** 7/21/06 904.764.4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #