

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

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90025 027 ****61.25

DOCUMENT # 751296

1. Entity Name

PHILIPPIAN COMMUNITY CHURCH, INCORPORATED



Principal Place of Business

7578 NEW KINGS RD.
JACKSONVILLE FL 32219

Mailing Address

7578 NEW KINGS RD.
JACKSONVILLE FL 32219

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2061778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, VIRGIL C SR
4468 CATHEYS CLUB LANE
JACKSONVILLE FL 32224

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, 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

TITLE PD
NAME JONES, VIRGIL C SR ☐ Delete
STREET ADDRESS 946 TORTOISE WAY
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☒ Delete
NAME BAILEY, ROBERT W III
STREET ADDRESS 2889 SUNDANCE CT.
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE T ☐ Delete
NAME JONES, MARY J
STREET ADDRESS 946 TORTOISE WAY
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE SD ☐ Delete
NAME WRIGHT, DEBORAH A
STREET ADDRESS 834 MAGIC COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE BM ☐ Delete
NAME BROWN, WILLIAM
STREET ADDRESS 11643 JACKMAN COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE HM ☒ Delete
NAME CALLAHAN, DELORES D
STREET ADDRESS 12637 BISCAYNE LAKE DR.
CITY-ST-ZIP JACKSONVILLE FL 32218

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME Gregory Brown
STREET ADDRESS 3132 Hearthstone Lane
CITY-ST-ZIP Orange Park, FL 32065

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:

Virgil C. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Date

County Phone #