


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90022 016 ****61.25

DOCUMENT # 752766				
1. Entity Name FAITH LUTHERAN CHURCH OF JACKSONVILLE, INC.				
Principal Place of Business 5927 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210 US		Mailing Address 5927 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1447573
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
				\$8.75 Additional Fee Required



01302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent LUETHY, FRED P 5595 CANVASBACK ROAD MIDDLEBURG, FL 32068-7411				7. Name and Address of New Registered Agent Name RAYMOND R. JANNEY Street Address (P.O. Box Number is Not Acceptable) 6151 CARLTON ROAD City JACKSONVILLE FL Zip Code 32244	
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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 *Raymond R. Janney* (NOTE: Registered Agent signature required when reinstating) DATE *February 8, 2004*

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REEDY, RAY 2256 TEGNER DR JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPING, DEBBIE 4375 CONFEDERATE RD JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KENNETH FEEZOR SR. 2226 COROT DR. JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA, SMITH 6249 NANCY DR JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL SECRETARY BRENDA LUETHY 5595 CANVASBACK ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LILLY, KATY 5253 FREMONT ST JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY REBECCA LUETHY 5595 CANVASBACK ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUETHY, FRED 5595 CANVASBACK ROAD MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAYMOND R. JANNEY 6151 CARLTON ROAD JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Raymond R. Janney* **RAYMOND R JANNEY** 02/08/04 771-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #