


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

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90025 041 ****61.25

DOCUMENT # 752766
 1. Entity Name
FAITH LUTHERAN CHURCH OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
 5927 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 US
 5927 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-1447573** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUETNY, FRED P
5595 CANVAS BACK ROAD
MIDDLEBURG FL 32068-7403

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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	P	<input type="checkbox"/> Delete
NAME	LUETNY, FRED P	
STREET ADDRESS	5595 CANVASBACK ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068-7403	
TITLE	T	<input type="checkbox"/> Delete
NAME	FEEZOR, KENNITH DR.	
STREET ADDRESS	5256 COROT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	FS	<input type="checkbox"/> Delete
NAME	LUETHY, BRENDA	
STREET ADDRESS	5595 CANVAS BACK ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, LOUISE	
STREET ADDRESS	6070 GEORGEWOOD LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FEEZOR, SUZI	
STREET ADDRESS	8283 TEATICKET DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUETHY, FRED P	
STREET ADDRESS	5595 CANVASBACK Rd	
CITY-ST-ZIP	MIDDLEBURG, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEEZOR, KENNETH L	
STREET ADDRESS	2226 COROT DR	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUETHY, BRENDA	
STREET ADDRESS	2065 FROGMORE DRIVE	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEEIE SELF	
STREET ADDRESS	2065 FROGMORE DRIVE	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Fred P. Luetny* 1-28-06 904-282-9387