2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759524

1. Entity Name
EMMANUEL TEMPLE OF JACKSONVILLE, INC.

FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
433 DRUID ST JACKSONVILLE, FL 32205	433 DRUID ST JACKSONVILLE, FL 32205

08052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
05-0311100
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES, D, SR
433 DRUID ST
JACKSONVILLE, FL 32205

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

Filing Fee is $61.25
Due by September 12, 2008

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

U00000957921
08/18/08-80008-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, JAMES
STREET ADDRESS	11374 QUAIL HOLLOW DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	NEAVINS, EMMA JANE
STREET ADDRESS	2238 W. 18TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SIMPSON, RONALD G
STREET ADDRESS	7539 JFK DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	SD
NAME	JAMES, JUDIE A
STREET ADDRESS	1153 CLENCARIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judie A. James Judie A. James 8/1/08 388-6245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #