

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759877

FILED
Mar 29, 2005
Secretary of State

Entity Name: FIRST COAST CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD, INC. OF THE CITY OF JACKSONVILLE, STATE OF FLORIDA

Current Principal Place of Business:

2724 NEW BERLIN RD
JACKSONVILLE, FL 322261756

New Principal Place of Business:

Current Mailing Address:

2724 NEW BERLIN RD
JACKSONVILLE, FL 322261756

New Mailing Address:

FEI Number: 59-1944384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAPP, KENNY
14106 YELLOWBLUFF
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

DAVIS, JOHN N
243 CLAUDIA DR
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: JOHN NORMAN DAVIS

03/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRUSCELLA, PERRY M
Address: 3040 HUCKLEBERRY LANE
City-St-Zip: JAX, FL

Title: TD () Delete
Name: ARNOLD, JOY J
Address: 13022 DUNN CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: SAPP, KENNY
Address: 14106 YELLOWBLUFF
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRUSCELLA, PERRY M
Address: 3040 HUCKLEBERRY LANE
City-St-Zip: JAX, FL 32226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DAVIS, JOHN
Address: 243 CLAUDIA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NORMAN DAVIS

SD

03/29/2005

Electronic Signature of Signing Officer or Director

Date