

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2006  
Secretary of State**

DOCUMENT# 759877

**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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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 32226

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

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

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD      (X) Change ( ) Addition  
Name: MILLER, JASON  
Address: 103 ST. THOMAS STREET  
City-St-Zip: YULEE,, FL 32097 56

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

Title: D      ( ) Change (X) Addition  
Name: RICARDO, ANTHONY  
Address: 12537 DUNN CREEK ROAD  
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 Chapter 119, 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 N. DAVIS

SD

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date