

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 026 ****61.25

DOCUMENT # 770927

1. Entity Name

CHRIST COMMUNITY CHURCH OF JACKSONVILLE, INC.



Principal Place of Business

6004 TERRY RD
CHRIST COMMUNITY CHURCH
JACKSONVILLE FL 32216

Mailing Address

6004 TERRY RD
JACKSONVILLE FL 32216

2. Principal Place of Business

MARRIOTT Hotel

3. Mailing Address

P.O. Box 551547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4670 SALISBURY ROAD

City & State

City & State

Jacksonville Florida

JACKSONVILLE FL

Zip

Country

Zip

Country

32216

USA

32216

USA

6. Name and Address of Current Registered Agent

FLOWERS, THOMAS B
8124 EBERSOL RD
JACKSONVILLE FL 32216

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

Thomas B. Flowers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 SD
NAME PENNY, HAROLD A ☐ Delete
STREET ADDRESS 3460 EAST HIDDEN LAKE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME FLOWERS, TOM ☐ Delete
STREET ADDRESS 8124 EBERSOL RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE T
NAME BENNETT, MARYLENA ☒ Delete
STREET ADDRESS 2127 ANTONIO CT
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME PENNY, HAROLD A.
STREET ADDRESS 3460 HIDDEN LAKE DR. EAST
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE CD ☒ Change ☐ Addition
NAME FLOWERS, THOMAS B
STREET ADDRESS 8124 EBERSOL RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE SD ☒ Change ☒ Addition
NAME STAPLES, CAROLYN
STREET ADDRESS 11914 CLEARWATER OAKS DR
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/1/04

904 731-3984