

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000003674

1. Entity Name
NORTH JACKSONVILLE FAMILY WORSHIP CENTER,
INC.



FILED
Mar 02, 2004 08:00 AM
Secretary of State

Principal Place of Business
10224 LEM TURNER RD
JACKSONVILLE, FL 32218

Mailing Address
P.O. BOX 26304
JACKSONVILLE, FL 32218



02222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3650687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BING, LEON
11705 CHERRY BARK DR E
JACKSONVILLE, FL 32218-0000

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000073739
03/02/04-80049-017 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME BING, LEON R
STREET ADDRESS 11705 CHERRY BARK DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D
NAME BING, JANICE M
STREET ADDRESS 11705 CHERRY BARK DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D
NAME CATUS, SHAWANA D
STREET ADDRESS 2531 PETUNIA ST
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D
NAME THOMAS, DORIS M
STREET ADDRESS 2531 PETUNIA STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

2-29-04 904-884-6130