## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003674

FILED Apr 04, 2006 Secretary of State

Entity Name: NORTH JACKSONVILLE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

10224 LEM TURNER RD JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

P.O. BOX 26304 P.O. BOX 26304

JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 US

FEI Number: 59-3650687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BING, LEON BING, LEON R

11705 CHERRY BARK DR E

JACKSONVILLE, FL 322180000 US

11705 CHERRY BARK DR E

JACKSONVILLE, FL 322180000 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: LEON R. BING 04/04/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 ( X) Change ( ) Addition

 Name:
 BING, LEON R
 Name:
 BING, LEON R

 Address:
 11705 CHERRY BARK DRIVE E
 Address:
 11705 CHERRY BARK DRIVE E

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: BING, JANICE M Name:

Address: 11705 CHERRY BARK DRIVE E Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip:

 Name:
 CATUS, SHAWANA D
 Name:
 MILLER, L. C

 Address:
 2531 PETUNIA ST
 Address:
 2538 GAYLAND ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32218 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name:THOMAS, DORIS MName:THOMAS, DORIS MAddress:2531 PETUNIA STREETAddress:2531 PETUNIA STREETCity-St-Zip:JACKSONVILLE, FL 32209City-St-Zip:JACKSONVILLE, FL 32209 US

 Name:
 Name:
 JOHNSON, FATIMA C

 Address:
 Address:
 1953 RUGBY ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32208 US

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: LEON R. BING P 04/04/2006