

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000404

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** FIRST AFRICAN COMMUNITY CHURCH OF JACKSONVILLE, FL INC.

**Current Principal Place of Business:**

PO BOX 52293  
JACKSONVILLE, FL 322012293

**New Principal Place of Business:**

2300SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 52293  
JACKSONVILLE, FL 322012293

**New Mailing Address:**

**FEI Number:** 59-3693327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARR, NAPOLEON R  
1622 LESSARD CIR.  
JACKSONVILLE, FL 32208 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: KARR, NAPOLEON R  
Address: 1622 LESSARD CIR  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete  
Name: KARR, KATHLEEN  
Address: 1622 LESSARD CIR  
City-St-Zip: JAKCOSONVILLE, FL 32208

Title: T ( ) Delete  
Name: MOMORIE, KUMBA  
Address: 3400 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32277

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NAPOLEON R. KARR

PAST

04/29/2007

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

\_\_\_\_\_  
Date