

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000574

1. Entity Name
EFFECTIVE CHRISTIANITY, INC.



Principal Place of Business
9950 CHELSEA LAKE RD.
JACKSONVILLE, FL 32256

Mailing Address
9950 CHELSEA LAKE RD.
JACKSONVILLE, FL 32256



05172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3692673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONIC, NICHOLAS T
9950 CHELSEA LAKE RD.
JACKSONVILLE, FL 32256

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000367673
05/19/05-80006-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMONIC, NICHOLAS T
STREET ADDRESS	9950 CHELSEA LAKE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	D
NAME	HENDERSON, ROGER
STREET ADDRESS	2780 WINDROCK DR. W
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	D
NAME	TRICE, ROBERT
STREET ADDRESS	409 BLACK OAK BLVD
CITY-ST-ZIP	SUMMERVILLE, SC 29485

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *N. T. Simonice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-05 904-928-105
Date Daytime Phone #