


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000743 1. Entity Name NORTHSTAR CHURCH OF JACKSONVILLE, INC.	
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Principal Place of Business 5568 MILMAR DR N JACKSONVILLE, FL 32207	Mailing Address 5568 MILMAR DR N JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



07252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3529108	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

COOPER, WILL
5568 MILMAR DR N
JACKSONVILLE, FL 32207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COOPER, WILL 5568 MILMAR DR N JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COOPER, LYNN 5568 MILMAR DR N JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROOKINS, BRET 1936 RYAR RD JACKSONVILLE, FL 32216
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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07/27/04-80003-006 61.25

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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)(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: *Lynn Cooper* 7-25-04 904-805-0996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #