2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000743

FILED Mar 31, 2006 Secretary of State

Entity Name: NORTHSTAR CHURCH OF JACKSONVILLE, INC.

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

5568 MILMAR DR N 1766 UNIVERSITY BLVD S JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

5568 MILMAR DR N 1766 UNIVERSITY BLVD S JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216

FEI Number: 59-3529108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COOPER, WILL

5568 MILMAR DR N

JACKSONVILLE, FL 32207 US

COOPER, WILL

386 TIDEWATER CIRCLE E

JACKSONVILLE, FL 32211 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: JAYNA LYNN COOPER 03/31/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 COOPER, WILL
 Name:
 COOPER, WILL

 Address:
 5568 MILMAR DR N
 Address:
 386 TIDEWATER CIRCLE E

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32211

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

Name: COOPER, LYNN Name: COOPER, LYNN

 Address:
 5568 MILMAR DR N
 Address:
 386 TIDEWATER CIRCLE E

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32211

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:BROOKINS, BRETName:FRIEDLINE, RODGERAddress:1936 RYAR RDAddress:1756 UNIVERSITY BLVD. SCity-St-Zip:JACKSONVILLE, FL 32216City-St-Zip:JACKSONVILLE, FL 32216

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: JAYNA LYNN COOPER ADM 03/31/2006