


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90011 037 ****61.25

DOCUMENT # N01000008139

1. Entity Name
CHURCH OF GOD 1903 INC.



Principal Place of Business
**12769 GILLESPIE AVE
 JACKSONVILLE, FL 32218**

Mailing Address
**12769 GILLESPIE AVE
 JACKSONVILLE, FL 32218**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3728628

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SESSIONS, JIMMIE E SR
 12769 GILLESPIE AVE
 JACKSONVILLE, FL 32218**

7. Name and Address of New Registered Agent

Name **JIMMY LYNN**

Street Address (P.O. Box Number is Not Acceptable)
132 SAGO AVE.

City **JACKSONVILLE** FL Zip Code **32218**

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 May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ALCOTT, DAVID	
STREET ADDRESS	840 SARANAC ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32255	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYNN, JIMMY	
STREET ADDRESS	132 SAGO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SESSIONS, JIMMIE E SR	
STREET ADDRESS	12769 GILLESPIE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER D. CHANEY	
STREET ADDRESS	117 OCEANWAY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jimmy Lynn **Jimmy Lynn** 2-11-04 904-757-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #