


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

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**


**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

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3728628

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LYNN, JIMMY  
 132 SAGO AVE.  
 JACKSONVILLE, FL 32218

**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 Jimmy Lynn DATE 1-9-05  
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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ALCOTT, DAVID
STREET ADDRESS	840 SARANAC ST
CITY-ST-ZIP	JACKSONVILLE, FL 32255
TITLE	T
NAME	LYNN, JIMMY
STREET ADDRESS	132 SAGO AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	CHANEY, ROGER D
STREET ADDRESS	117 OCEAN WAY AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178258  
 01/12/05-80020-017 61.25

**DO NOT WRITE 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: Jimmy Lynn DATE 1-9-05 DAYTIME PHONE # 904-757-1607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR