


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

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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

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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	

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 01/12/05-80020-017 61.25

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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: 1-9-05 904-757-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #