

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 28, 2009  
Secretary of State

DOCUMENT# N01000008139

Entity Name: CHURCH OF GOD 1903 INC.

**Current Principal Place of Business:**

12769 GILLESPIE AVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

12769 GILLESPIE AVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-3728628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LYNN, JIMMY  
132 SAGO AVE.  
JACKSONVILLE, FL 32218      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: ALCOTT, DAVID  
Address: 840 SARANAC ST  
City-St-Zip: JACKSONVILLE, FL 32255

Title: T      ( ) Delete  
Name: LYNN, JIMMY  
Address: 132 SAGO AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: CHANEY, ROGER D  
Address: 117 OCEAN WAY AVE.  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JIMMY LYNN

T

06/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date