

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001020**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF JACKSONVILLE,  
INC.**



Principal Place of Business  
**118 EAST MONROE STREET  
JACKSONVILLE, FL 32202**

Mailing Address  
**118 EAST MONROE STREET  
JACKSONVILLE, FL 32202**



07312006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0637845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRIS, ROBERT REV  
118 EAST MONROE STREET  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JENKS, THOMAS  
STREET ADDRESS 118 E MONROE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE T  
NAME CHISHOLM, CAHTERINE  
STREET ADDRESS 118 EAST MONROE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE S  
NAME WOODS, PAUL  
STREET ADDRESS 118 MONROE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D  
NAME DAVIS, NAN  
STREET ADDRESS 118 EAST MONROE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D  
NAME NELSON, STEVE  
STREET ADDRESS 118 EAST MONROE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D  
NAME HISCOCK, PHIL  
STREET ADDRESS 118 EAST MONROE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Robert Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #