

**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
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**DO NOT WRITE IN THIS SPACE**



07312006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0637845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MORRIS, ROBERT REV 118 EAST MONROE STREET JACKSONVILLE, FL 32202	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKS, THOMAS 118 E MONROE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHISHOLM, CAHTERINE 118 EAST MONROE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODS, PAUL 118 MONROE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, NAN 118 EAST MONROE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, STEVE 118 EAST MONROE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISCOCK, PHIL 118 EAST MONROE STREET JACKSONVILLE, FL 32202

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 08/18/06-80001-026-70.00

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_