

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001020

FILED
Feb 17, 2011
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

118 EAST MONROE STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

118 EAST MONROE STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0637845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, ROBERT REV
118 EAST MONROE STREET
JACKSONVILLE, FL 32202 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: PD
Name: HOHMANN, WILLIAM
Address: 118 E MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T
Name: WILLETT, SHARON L
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: JENKS, THOMAS
Address: 118 MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: LOWE, RAY
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: SMITH, CAROL
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: RENSTROM, RICHARD
Address: 118 EAST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: SHARON L. WILLETT

TRUS

02/17/2011

Electronic Signature of Signing Officer or Director

Date