2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004712

FILED Apr 18, 2005 Secretary of State

Entity Name: CHRISTIAN FINANCIAL SERVICES-JACKSONVILLE, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
7060 PAME JACKSON	ELA DR VILLE, FL 3	2210						
Current Mailing Address:					New Mailing Address:			
PO BOX 6246 JACKSONVILLE, FL 32236					4121 YEARGAN RD MURFREESBORO, TN 37128			
FEI Number:	30-0038055	FEI Numbe	r Applied For()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
WHITE, DO 7060 PAME JACKSON		2210 US						
The above in the State		y submits this	statement for the pu	irpose of	f changing it	s registere	d office or registered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				nt	Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEONARD, L 2591 WEST		ı		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LEONARD, 0 2591 WEST		ı		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WHITE, DON 7060 PAMEL				Title: Name: Address: City-St-Zip:	D WHITE, DOI 4121 YEAR MURFREES		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD WHITE D 04/18/2005