

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004860	
1. Entity Name JACKSONVILLE FOR JESUS INC.	

Principal Place of Business 575 ROCKINGHAM ROAD ORANGE PARK, FL 32073	Mailing Address 1177 PARK AVE, STE 5 PMP 170 ORANGE PARK, FL 32073
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01182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0044493	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ST. CHRISTOPHER, SUSANNAH 575 ROCKINGHAM ROAD ORANGE PARK, FL 32073

**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 May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ST. CHRISTOPHER, SUSANNAH 575 ROCKINGHAM ROAD ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIELIK, PATRICIAANN 575 ROCKINGHAM ROAD ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, KATHY 410 MADEIRA DRIVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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. **SUSANNAH ST. CHRISTOPHER**

SIGNATURE: *Susanah St. Christopher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 904-571-7441
Date Daytime Phone #