

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000Q04860

1. Entity Name  
JACKSONVILLE FOR JESUS INC.



Principal Place of Business  
575 ROCKINGHAM ROAD  
ORANGE PARK, FL 32073

Mailing Address  
1177 LAFAYETTE BLVD  
WINCHESTER, KY 40391



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
32-0044493

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 *Susannah St. Christopher*  
**SUSANNAH ST. CHRISTOPHER**

**4/11/05**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

000000300110  
04/12/05-80008-003 61.25

**DO NOT WRITE  
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)(f), 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 *Susannah St. Christopher*  
**SUSANNAH ST. CHRISTOPHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/05**

Date

**859  
556-0222**

Daytime Phone #