


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90014 029 \*\*\*\*61.25

<b>DOCUMENT # N02000004860</b> 1. Entity Name <b>JACKSONVILLE FOR JESUS INC.</b>					
Principal Place of Business <b>575 ROCKINGHAM ROAD ORANGE PARK, FL 32073</b>			Mailing Address <b>1177 LAFAYETTE BLVD WINCHESTER, KY 40391</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>32-0044493</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ST. CHRISTOPHER, SUSANNAH</b> <b>575 ROCKINGHAM ROAD</b> <b>ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent Name <b>SUSANNAH</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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. <b>SUSANNAH ST. CHRISTOPHER</b> SIGNATURE <i>Susannah St. Christopher</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ST. CHRISTOPHER, SUSANNAH 575 ROCKINGHAM ROAD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIELIK, PATRICIAANN 575 ROCKINGHAM ROAD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, KATHY 410 MADEIRA DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, KATHY 8065 WISSMILLER ROAD SOUTH BRANCH MICHIGAN 48161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, KATHY 8065 WISSMILLER ROAD SOUTH BRANCH MICHIGAN 48161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, KATHY 8065 WISSMILLER ROAD SOUTH BRANCH MICHIGAN 48161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, KATHY 8065 WISSMILLER ROAD SOUTH BRANCH MICHIGAN 48161	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>SUSANNAH ST. CHRISTOPHER</b> <i>Susannah St. Christopher</i>				<b>854.556.0222</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	