2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N02000004902

Entity Name: THE CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

8313 BAYCENTER RD
SUITE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 57278
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 27-0030774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MICHAEL T
8313 BAYCENTER RD
SUITE 1
JACKSONVILLE, FL 32256 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:	D	( ) Delete
Name:	SMITH, MICHAEL T	
Address:	8313 BAYCENTER RD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	SMITH, CONNIE M	
Address:	8313 BAYCENTER RD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	SMITH, STUART	
Address:	8313 BAYCENTER RD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	GOODIN, DAVID E	
Address:	8313 BAYCENTER RD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	HIGGINBOTHAM, DONALD S	
Address:	8313 BAYCENTER ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	JOHNSTON, BOB	
Address:	8313 BAYCENTER RD	
City-St-Zip:	JACKSONVILLE, FL 32256	

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: CONNIE M. SMITH D 04/27/2005

Electronic Signature of Signing Officer or Director — Date