

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008879

FILED  
May 31, 2005  
Secretary of State

**Entity Name:** CHRISTIAN CITY CHURCH JACKSONVILLE, INC.

**Current Principal Place of Business:**

2411 COVINGTON CREEK CIRCLE WEST  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16762  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 30-0135585      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WEEKS, TIMOTHY W  
2411 COVINGTON CREEK CIRCLE WEST  
JACKSONVILLE, FL 32224 US

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: DIR ( ) Delete  
Name: WEEKS, TIMOTHY W  
Address: 2411 COVINGTON CREEK CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DIR ( ) Delete  
Name: WEEKS, KAY S  
Address: 2411 COVINGTON CREEK CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DIR ( ) Delete  
Name: SWEETMAN, DEAN  
Address: 1065 WALTHER BLVD.  
City-St-Zip: LAWRENCEVILLE, GA 30043

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: DIR ( ) Change (X) Addition  
Name: MCKAY, JESSE  
Address: 1856 BLUE RIDGE DR  
City-St-Zip: JACKSONVILLE, FL 32246

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: TIMOTHY W WEEKS

DIR

05/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date