

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # N03000000598



1. Entity Name

CENTRAL FLORIDA SECOND ECCLESIASTICAL  
JURISDICTION, INC.

Principal Place of Business

3522 BEACH BLVD.  
JACKSONVILLE FL 32207

Mailing Address

3522 BEACH BLVD.  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)



4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, BISHOP E  
12308 FLYNN WOODS ROAD  
JACKSONVILLE FL 32223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC  
NAME ROBINSON, EDWARD SR. ☐ Delete  
STREET ADDRESS 12308 FLYNN WOODS ROAD  
CITY - ST - ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition  
NAME U000000029980  
STREET ADDRESS 02/04/04-80089-019 61.25  
CITY - ST - ZIP

TITLE DV  
NAME LEE, JOHN ☐ Delete  
STREET ADDRESS PO BOX 477  
CITY - ST - ZIP GRETN FL 32332

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DS  
NAME WALKER, LOVERSO ☐ Delete  
STREET ADDRESS 1119 LAKEWOOD PARK DRIVE  
CITY - ST - ZIP DAYTONA BEACH FL 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DS  
NAME JOHNSON, CEDRIC ☐ Delete  
STREET ADDRESS 3467 WENTWORTH CIRCLE WEST  
CITY - ST - ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DS  
NAME EASON, MILDRED ☐ Delete  
STREET ADDRESS 972 RED DANDY DRIVE  
CITY - ST - ZIP ORLADNO FL 32818

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D  
NAME LITTLE, CHARLIE ☐ Delete  
STREET ADDRESS 39639 TOWNSEND RD  
CITY - ST - ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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.

SIGNATURE: Bishop E. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

904-398-1625

Date

Daytime Phone #