

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002247	
1. Entry Name LEM TURNER CIRCLE CHURCH OF CHRIST, INC.	

Principal Place of Business 7131 LEM TURNER CIRCLE JACKSONVILLE, FL 32208	Mailing Address 7131 LEM TURNER CIRCLE JACKSONVILLE, FL 32208
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03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0825743	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARKER & BARKER PA 4244 ST JOHNS AVE JACKSONVILLE, FL 32210
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D KINSON, CLAYTON E 1036 BLUEHILL DR. NORTH JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSON, CHERYL L 1036 BLUEHILL DR. NORTH JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, LORENZO 8221 PORTSMOUTH AVE. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, MICHAEL 11544 BIRCHFOREST CIRCLE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ANDREW 6624 LAMPONE COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, FRANK 1489 BEACHERLANE ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

11/11/05 1484725
04/12/06 80058-001 70.00

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: Cheryl L. Kinson - Cheryl L. Kinson, Director (904) 349-7954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/20/06 Daytime Phone # _____