


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000002247</b> 1. Entity Name <b>LEM TURNER CIRCLE CHURCH OF CHRIST, INC.</b>	
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Principal Place of Business <b>7131 LEM TURNER CIRCLE JACKSONVILLE, FL 32208</b>	Mailing Address <b>7131 LEM TURNER CIRCLE JACKSONVILLE, FL 32208</b>
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**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0825743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BARKER & BARKER PA  
4244 ST JOHNS AVE  
JACKSONVILLE, FL 32210**

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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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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

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04/04/08-80004-006 70.00

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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 Kinson-Cheryl L. Kinson, Director 3/13/08 (904) 349-7954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_