

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000006681

1. Entity Name
THE CHURCH AT JACKSONVILLE CAF, INC.

Principal Place of Business
**508 MILLSTONE DR.
ORANGE PARK, FL 32065**

Mailing Address
**508 MILLSTONE DR.
ORANGE PARK, FL 32065**



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
84-1650194

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITE, BILLY W SR.
508 MILLSTONE DR.
ORANGE PARK, FL 32065**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, BILLY W SR.
STREET ADDRESS	508 MILLSTONE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	WHITE, JUANITA
STREET ADDRESS	508 MILLSTONE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	BOYD, KEVIN J SR.
STREET ADDRESS	7211 RESTGATE RD.
CITY-ST-ZIP	NEW ORLEANS, LA 70127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000230310
02/15/05-80038-014 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Billy W. White* **BILLY W. WHITE, SR.** **2-09-05** **904.449-0517**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #