


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 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
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02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 84-1650194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

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

000000434432
02/25/06-80001-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Billy W. White, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-06 904-449-0517
Date Daytime Phone 4