

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N04482

1. Entity Name
JENKS AVENUE CHURCH OF CHRIST, INC.



Principal Place of Business
**3332 JENKS AVE.
PANAMA CITY, FL 32405 US**

Mailing Address
**3332 JENKS AVE
PANAMA CITY, FL 32405 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2270658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REECE, JACK E.
1503 CONNECTICUT AVE
LYNN HAVEN, FL 32444**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000592069
01/19/07-80046-023 61 25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TUCKER, HUGH H
STREET ADDRESS	1029 HUNTINGDON RD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VP
NAME	MCKEAND, DALE
STREET ADDRESS	114 CANDLEWICK CR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	HOLSOMBAKE, JIM
STREET ADDRESS	604 WOOD TRAIL
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	CALHOUN, PAUL
STREET ADDRESS	1800 MASSACHUSETTS AVE.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	BACKUS, ROBERT
STREET ADDRESS	1800 NEW JERSEY
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	BURLESON, HAYES H.
STREET ADDRESS	107 TIMBER LANE
CITY-ST-ZIP	PANAMA CITY, FL 32405

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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: *Richard Tuggle* **Richard Tuggle**
Secretary/Treasurer **(850) 763-5661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #