

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

FILED
Jan 22, 2008 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**



01082008 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**

**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 Jack Reece
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/16/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

**U000000790449
01/23/08-80033-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TUCKER, HUGH H
1029 HUNTINGDON RD
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCKEAND, DALE
114 CANDLEWICK CR
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLSOMBAKE, JIM
604 WOOD TRAIL
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALHOUN, PAUL
1800 MASSACHUSETTS AVE.
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BACKUS, ROBERT
1800 NEW JERSEY
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURLESON, HAYES H.
107 TIMBER LANE
PANAMA CITY, FL 32405**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh H. Tucker 1/16/08 (850) 763-5661
Date Daytime Phone #