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

FILED Feb 09, 2007 8:00 am Secretary of State

02-09-2007 90020 010 ****61.25

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1. Entity Name
CHRIST CHURCH OF JACKSON/VILLE INC.



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9791 ST AUGUSTINE RD 9791		Mailing Address 9791 ST AUGUSTINE JACKSONVILLE, FL 3			400	12541		
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				8:18 (E1 E8 9:201 E1 1 8 81 8 81 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01152007 Ch	g-NP CR2E0	037 (12/06)	
City & State		City & State		4. FEI Number 59-2444447	7	<u> </u>	oplied For ot Applicable	
Žip	Country	Zip	Country	•	5. Certificate of Sta		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Registered	Agent	
VAN TIL, KENNETH			Name				,	
1045 BUCKBEAN BRANCH LANE W JACKSONVILLE, FL 32259			Street Address		P.O. Box Number is N	ot Acceptable)		·
			Cit	у		F	Zip Cod	le
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts registered off	ice or register	red agent, or both, in t			and accept
-								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	DTE: Registered Agent	t signature required	d when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		ampaign Financ Contribution.	ing	\$5.00 May Be Added to Fees	Make cheo Florida Depa	ck payable terriment of S	
10.	Due by May 1, 2007 OFFICERS AND DIE	Trust Fund	Contribution.		Added to Fees		IRECTORS IN	tate
TITLE	Due by May 1, 2007 OFFICERS AND DII TD	Trust Fund	11.		Added to Fees	Florida Depa	ertment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIE TD VAN TIL, KENNETH 1045 BUCKBEAN BRANCH LAN	Trust Fund	11. TITLE NAME STREET ADD	RESS	Added to Fees	Florida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIE TD VAN TIL, KENNETH 1045 BUCKBEAN BRANCH LAN JACKSONVILLE, FL 32259	Trust Fund	11. TITLE NAME STREET ADD CITY-ST-ZIF	RESS	Added to Fees	Florida Depa	DIRECTORS IN Change	tate 1 10 Addition
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12. Thereby 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 attachnept write-or address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

262-5586

Daytime Phone #