## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04965

FILED Apr 16, 2009 Secretary of State

Entity Name: CHRIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

9791 ST AUGUSTINE RD 9791 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

9791 ST AUGUSTINE RD 9791 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

FEI Number: 59-2444447 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAN TIL, KENNETH 1045 BUCKBEAN BRANCH LANE W JACKSONVILLE, FL 32259 US

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.

SIGNATURE:

Floring Complete of Decision of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ( ) Delete Title: TDVP (X) Change ( ) Addition

Name: VAN TIL, KENNETH Name: VAN TIL, KENNETH
Address: 1045 BUCKBEAN BRANCH LANE W Address: 1045 BUCKBEAN BRANCH LANE W

City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ADE, JAMES L
 Name:

 Address:
 4831 MALPAS LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 DUBOSE, JOHN W
 Name:
 MAULDIN, WILLIAM P

 Address:
 9151 STARPASS DR
 Address:
 9306 RIVER SHORES LANE

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: VP/D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ROBERTS, DON D
 Name:

 Address:
 8016 JAMES ISLAND TRAIL
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MAULDIN D 04/16/2009