

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 046 ****61.25

DOCUMENT # N05000004306

1. Entity Name
FELLOWSHIP OF BELIEVERS OF JACKSONVILLE, INC.



Principal Place of Business
**4941 MAXWOOD ROAD
JACKSONVILLE, FL 32257**

Mailing Address
**4941 MAXWOOD ROAD
JACKSONVILLE, FL 32257**

2. Principal Place of Business

No Change

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006

Chg-NP

CR2E037 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMM, BRIAN
4941 MAXWOOD ROAD
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Brian Hamm	
STREET ADDRESS	4941 Maxwood Rd	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Carolyn Staples	
STREET ADDRESS	11914 Clearwater Oaks Dr W	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Nancy Young	
STREET ADDRESS	6230 Maney Dr S	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Nancy Burling	
STREET ADDRESS	2848 Lakeside Dr	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Megan Wright	
STREET ADDRESS	3780 Valley Rd	
CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Richard Grubbs	
STREET ADDRESS	7589 Fawn Lake Dr S	
CITY-ST-ZIP	Jacksonville, FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carolyn Staples, Sec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Staples 4/15/06 904 262 9351

Date

Daytime Phone #