


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90069 016 \*\*\*\*61.25

**DOCUMENT # N05000006374**

1. Entity Name  
**CHRIST ESTABLISH FAMILY WORSHIP CENTER, INC.**



Principal Place of Business Mailing Address  
**1431 LEGAN STREET JACKSONVILLE FL 32209**      **1431 LEGAN STREET JACKSONVILLE FL 32209**

2. Principal Place of Business 3. Mailing Address  
**1431 Logan St.**      **1431 Logan St.**  
 Suite, Apt. #, Etc.      Suite, Apt. #, Etc.

City & State City & State  
**Jacksonville, FL.**      **Jacksonville, FL.**  
 Zip Country Zip Country  
**32209 Duval**      **32209 Duval**

5. FEI Number **33-1119039** Applied For  
 Not Applicable  
 6. Certificate of Status Desired  \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**ZIEGLER, BOBBY L**  
**408 BROWARD STREET**  
**JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	ZIEGLER, BOBBY L	
STREET ADDRESS	408 BROWARD STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZIEGLER, CAROLYN J	
STREET ADDRESS	408 BROWARD STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REESE, JAMEKIA	
STREET ADDRESS	6455 SAN JUAN AVE #55	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tameria Reese	
STREET ADDRESS	3407 Confederate Point Rd.	
CITY-ST-ZIP	Jacksonville, FL 32210 Apt 204	
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 Section 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 Ziegler - Carolyn Ziegler*      4-26-06      904-384-7024  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #