

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 1431 LEGAN STREET JACKSONVILLE FL 32209				Mailing Address 1431 LEGAN STREET JACKSONVILLE FL 32209	
2. Principal Place of Business 1431 Logan St. Suite, Apt. #, etc.		3. Mailing Address 1431 Logan St. Suite, Apt. #, etc.			
City & State Jacksonville, FL. Zip 32209		City & State Jacksonville, FL. Zip 32209		4. FEI Number 33-1119039	
Country Duca		Country Duca		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZIEGLER, BOBBY L 408 BROWARD STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZIEGLER, CAROLYN J 408 BROWARD STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST REESE, JAMEKIA 6455 SAN JUAN AVE #55 JACKSONVILLE FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Carolyn Ziegler - Carolyn Ziegler</u> 4-26-06 904-384-7024					