## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006801

FILED Apr 30, 2007 Secretary of State

Entity Name: CHRIST CHURCH JACKSONVILLE (ANGLICAN), INC.

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rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
		6850 103RD ST. JACKSONVILLE, FL 32	6850 103RD ST. JACKSONVILLE, FL 32244  New Mailing Address: 6850 103RD ST. JACKSONVILLE, FL 32244	
lailing Addres	ss:	New Mailing Address:		
: 75-3196108	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
ERN CIRCLE	WEST	SASSER, JEANINE B 4595 LEXINGTON AVE JACKSONVILLE, FL 32		
named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
RE: JEANINE	B. SASSER		04/30/2007	
Electror	nic Signature of Registered Age	ent	Date	
S AND DIREC	TORS:	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTOR	
MCARTHUR, W 6335 TINTERN	/ILLIAM N CIRCLE WEST	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
TEMIN, GERAL 6045 MONROE	D K SMITH ROAD	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
DYER, LAURA 12418 COOL B	REEZE WAY NORTH	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
HOWZE, MART 8011 MACINNE	HA S DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
ELDREDGE, D 119 FORSYTH	AVID S E LANE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
	ERN CIRCLE VILLE, FL 322  ailing Address REN CIRCLE VILLE, FL 322  75-3196108  I Address of C  JR, WILLIAM N ERN CIRCLE VILLE, FL 322  named entity se of Florida.  RE: JEANINE Electror  S AND DIREC  MCARTHUR, W 6335 TINTERN JACKSONVILLI  D () TEMIN, GERAL 6045 MONROE JACKSONVILLI  D () DYER, LAURA 12418 COOL B JACKSONVILLI  D () HOWZE, MART 8011 MACINNE JACKSONVILLI  D () ELDREDGE, D 119 FORSYTHI	Address of Current Registered Agent:  JR, WILLIAM N ERN CIRCLE WEST VILLE, FL 32244 US  named entity submits this statement for the period of Florida.  RE: JEANINE B. SASSER  Electronic Signature of Registered Age  S AND DIRECTORS:  D () Delete MCARTHUR, WILLIAM N 6335 TINTERN CIRCLE WEST JACKSONVILLE, FL 32244  D () Delete TEMIN, GERALD K 6045 MONROE SMITH ROAD JACKSONVILLE, FL 32222  D () Delete DYER, LAURA 12418 COOL BREEZE WAY NORTH JACKSONVILLE, FL 32258  D () Delete HOWZE, MARTHA 8011 MACINNES DRIVE JACKSONVILLE, FL 32244	REN CIRCLE WEST VILLE, FL 32244  ailling Address:  REN CIRCLE WEST VILLE, FL 32244  ACKSONVILLE, FL 32  REN CIRCLE WEST VILLE, FL 32244  ACKSONVILLE, FL 32  REN CIRCLE WEST VILLE, FL 32244  ACKSONVILLE, FL 32  REN CIRCLE WEST VILLE, FL 32244  ACKSONVILLE, FL 32  Rame and Address of Current Registered Agent:  Name and Address of SASSER, JEANINE B 4595 LEXINGTON AVE JACKSONVILLE, FL 32  named entity submits this statement for the purpose of changing its registered e of Florida.  RE: JEANINE B. SASSER Electronic Signature of Registered Agent  SAND DIRECTORS:  ADDITIONS/CHANGE:  ADDITIONS/CHANGE:  Address: City-St-Zip:  D  () Delete Title: () Name: Address: Address: City-St-Zip: D  D  () Delete Title: () Name: Address: City-St-Zip: D  D  () Delete Title: () Name: Address: City-St-Zip: D  D  () Delete Title: () Name: Address: City-St-Zip: D  D  () Delete Title: () Name: Address: City-St-Zip: D  D  () Delete Title: () Name: Address: City-St-Zip: D  D  () Delete Title: () Name: Address: City-St-Zip: Title: () Delete Title: () Name: Address: City-St-Zip: Title: () Delete Title: () Name: Address: City-St-Zip: Title: () Delete ELDREDGE, DAVID S Name: Address: Address: City-St-Zip: Title: () Name: Address: Address: City-St-Zip: Title: () Name: Address: Address: City-St-Zip: Cit	

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: DAVID S. ELDREDGE D 04/30/2007