


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90411 050 ****61.25

DOCUMENT # N05000009050 1. Entity Name MAXVILLE CHURCH OF CHRIST, INC.					
Principal Place of Business 8654 GRIFFIS ROAD JACKSONVILLE, FL 32234			Mailing Address 19140 MACCLENNY RD JACKSONVILLE, FL 32234		
2. Principal Place of Business 19140 MACCLENNY RD		3. Mailing Address Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State			
Zip 32234		Country USA		Zip Country	
6. Name and Address of Current Registered Agent MAY, RICHARD H 431 STOWE AVENUE ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name ALLEN, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 1045 OAK ST. APT 810 City JACKSONVILLE FL Zip Code 32204	
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 <u>Robert M. Allen</u> ROBERT M. ALLEN 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	D ALLEN, ROBERT M 1045 OAK ST., APT 810 JACKSONVILLE, FL 32204-391 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARGROVES, MINNIE 19140 MACCLENNY ROAD JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIS, ELOISE 374 AZALEA DR. MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: Robert M. Allen ROBERT M. ALLEN 4/26/2006 904-475-1054 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03172006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2299135** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required