

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009976

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** SOULDIERS FOR CHRIST, ALL DENOMINATION CHURCH, INC.

**Current Principal Place of Business:**

2045 TUSKEGEE RD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

2045 TUSKEGEE RD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 59-3209971      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MEALER, ANGELA D  
8432 SPENCERS TRACE CT  
JACKSONVILLE, FL 32244      US

**Name and Address of New Registered Agent:**

MEALER, ANGELA D  
6094 MAGGIES CIRCLE #116  
JACKSONVILLE, FL 32244      US

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.

SIGNATURE: ANGELA MEALER

09/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MEALER, ARTHUR III  
Address: 8432 SPENCERS TRACE CT  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      ( ) Delete  
Name: MEALER, ANGELA  
Address: 8432 SPENCERS TRACE CT  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      ( ) Delete  
Name: JONES, GLORIA  
Address: 2166 JAMMES RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T      ( ) Delete  
Name: JONES, MARIA  
Address: 10454 KEY HAVEN BLVD  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: MEALER, ARTHUR III  
Address: 6094 MAGGIES CIRCLE #116  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      (X) Change ( ) Addition  
Name: MEALER, ANGELA  
Address: 6094 MAGGIES CIRCLE #116  
City-St-Zip: JACKSONVILLE, FL 32244

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR MEALER

D

09/05/2006

Electronic Signature of Signing Officer or Director

Date