

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010893

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: JACKSONVILLE SON MINISTRIES, INC.

**Current Principal Place of Business:**

12330 MASTINCOVE ROAD  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12330 MASTINCOVE ROAD  
JACKSONVILLE, FL 32225

**New Mailing Address:**

P. O. BOX 10391  
JACKSONVILLE, FL 32247

FEI Number: 20-3689721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRETT, FORREST T  
12330 MASTINCOVE ROAD  
JACKSONVILLE, FL 32225 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRETT, FORREST T  
Address: 12330 MASTINCOVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete  
Name: BRETT, OLGA I  
Address: 12330 MASTINCOVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: BRETT, RANDY L  
Address: 7595 BAYMEADOWS CIR W, #2201  
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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: FORREST T BRETT

PD

04/23/2006

Electronic Signature of Signing Officer or Director

Date