2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 10, 2006 8:00 am
Secretary of State
04-19-2006 90085 031 ****61.25

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DOCUMENT # N05000011433

1. Entity Name
MISSIONWAY COMMUNITY CHURCH, INC. OF JACKSONVILLE, FLORIDA

Principal Place of Business	Mailing Address
RONALD V. HENSON, PASTOR PO BOX 600383 JACKSONVILLE, FL 32260	RONALD V. HENSON, PASTOR PO BOX 600383 JACKSONVILLE, FL 32260

04112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
P.O. Box 600383	P.O. Box 600383
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32260 Country: USA	Zip: 32260 Country: USA

4. FEI Number: 20-3678133 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENSON, RONALD V PASTOR 10465 DEERFOOT LANE NORTH JACKSONVILLE, FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST HENSEN, RONALD V PASTOR PO BOX 600383 JACKSONVILLE, FL 32260	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 10465 DEERFOOT LANE, N. JACKSONVILLE, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TYRONE WELSH 12700 BARTRAM PARK BLVD, # 1421 JACKSONVILLE, FL 32258	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHIP SISTARE 13783 CARTERS GROVE LANE JACKSONVILLE, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T R. KEVIN MARTIN 4065 CLEARWATER OAKS DRIVE JACKSONVILLE, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN WILBANKS 4249 KINCARDINE DRIVE JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIANE RAINES 4090 SAN JOSE BLVD. JACKSONVILLE, FL 32207	☐ Change ☒ 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: R. K. M. R. KEVIN MARTIN 04.11.06 904.954.9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #