

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000012429

1. Entity Name
THE JOURNEY CHURCH AT NASSAU COUNTY, INC.



Principal Place of Business
95048 BUCKEYE CT
FERNANDINA BEACH, FL 32034

Mailing Address
P O BOX 517
YULEE, FL 32041

2. Principal Place of Business - No P.O. Box #
869 Sadler Rd, Ste 5

3. Mailing Address

Suite, Apt. #, etc.

Suite 5

City & State

Fernandina Bch, FL

Zip

32034

Country

Nassau

Zip

Country

4. FEI Number

20-5964350

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

BELLAR, DARRYL E
95048 BUCKEYE CT
FERNANDINA BEACH, FL 32034

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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 D
NAME WOLFENBARGER, GENE
STREET ADDRESS 707 W MAIN ST
CITY-ST-ZIP SEVIERVILLE, TN 37862

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME BELLAR, DARRYL E
STREET ADDRESS P O BOX 517
CITY-ST-ZIP YULEE, FL 32041

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME MITCHELL, FRANZ JR
STREET ADDRESS P O BOX 1189
CITY-ST-ZIP SEYMORE, TN 37865

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *D. Bellar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/07

Date

Daytime Phone #

**FILED
Jun 05, 2007 8:00 am
Secretary of State**

06-05-2007 90013 022 ****61.25