

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000012429

1. Entity Name

THE JOURNEY CHURCH AT NASSAU COUNTY, INC.



Principal Place of Business

869 SADLER RD STE 5
STE 5
FERNANDINA BEACH, FL 32034

Mailing Address

P O BOX 517
YULEE, FL 32041

FILED
Jun 11, 2008 08:00 AM
Secretary of State



05232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number -
20-5964350

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000953014
06/11/08-80003-016 61.25

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/08