

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004709

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** CENTRAL METROPOLITAN CME CHURCH INC.

**Current Principal Place of Business:**

4611 NORTH PEARL STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

4611 NORTH PEARL STREET  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

**FEI Number:** 59-3680315      **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:**

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

SIMON, LINDA A  
4611 NORTH PEARL STREET  
JACKSONVILLE, FL 32206 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: REV ( ) Delete  
Name: WALKER, JOHN W JR  
Address: 4611 N.PEARL ST  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: STEW ( ) Delete  
Name: MOORE, ALLEN SR.  
Address: 8611 GRAYBAR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: TRUS ( ) Delete  
Name: DEVOE, ALVIN  
Address: 2738 CALLOWAY CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TRUS ( ) Delete  
Name: JONES, A.J.  
Address: 1244 PEACH ORCHARD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: STEW ( ) Delete  
Name: JENKINS, KENNETH W  
Address: 1011 ETHAN ALLEN STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: STEW ( ) Delete  
Name: ANSLEY, TOM JR  
Address: 4611 N. PEARL ST  
City-St-Zip: JACKSONVILLE, FL 32206 US

**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:

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 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: JOHN W. WALKER JR.

PAST

07/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date