

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005240

FILED
Apr 18, 2009
Secretary of State

Entity Name: THE GARDEN OF CHRIST, INC.

Current Principal Place of Business:

5400 VERNA BLVD.
SUITE 1
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2679 LOWELL AVENUE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS -UPSON, SHEILA
2679 LOWELL AVENUE
JACKSONVILLE, FL 32254 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: DP () Delete
Name: THOMAS -UPSON, SHEILA
Address: 2679 LOWELL AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DVP () Delete
Name: UPSON, MARVIN
Address: 2679 LOWELL AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: DAVIS, MATEEN
Address: 3095 WANDERING OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: DS () Delete
Name: FEDD-DAVIS, LATRICE
Address: 3095 WANDERING OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32065

Title: DT () Delete
Name: WELCOME, BALINDA K
Address: 5400 VERNA BLVD.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: JOHNSON-UPSON, LOLA M
Address: 102 ANNE AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

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: SHEILA THOMAS UPSON

DP

04/18/2009

Electronic Signature of Signing Officer or Director

Date