

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90186 048 ****61.25

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|--|---|--|--|--|--|
| DOCUMENT # N11177 1. Entity Name AMERICAN CHRISTIAN TELEVISION SYSTEM OF JACKSONVILLE, INC. | | | | | |
| Principal Place of Business 83 KNIGHT BOXX RD 104 ORANGE PARK, FL 32065 US | | | Mailing Address 83 KNIGHT BOXX RD 104 ORANGE PARK, FL 32065 US | | |
| 2. Principal Place of Business 2713 C. R. 220 Suite, Apt. #, etc. | | 3. Mailing Address 2713 C. R. 220 Suite, Apt. #, etc. | | | |
| City & State Middleburg, Florida | | City & State Middleburg, Florida | | 4. FEI Number 59-2762444 | |
| Zip 32068 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SIMONIC, NICHOLAS T. 8750 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD PRINGLE, JAMES K. 3227 RIVER ROAD GREEN COVE SPRINGS, FL 32043 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2812 Oakland Drive Green Cove Springs, FL 32043 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PRINGLE, RITA A. 3227 RIVER ROAD GREEN COVE SPRINGS, FL 32043 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2812 Oakland Drive Green Cove Springs, FL 32043 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WARD, CARLOS 3714 MONTCLAIR DR. JACKSONVILLE, FL 32217 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered. | | | | | |
| SIGNATURE | | | James K. Pringle | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4/26/2005 Daytime Phone # 904 276 3330 | | |

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04262005 Chg-NP CR2E037 (10/03)