


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N14742
 1. Entity Name
JESUS CHRIST COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business: **2069 N. MARKET STREET JACKSONVILLE FL 32206**
 Mailing Address: **P.O. BOX 9302 JACKSONVILLE FL 32208-0302**



2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

2nd MOORE CR2E037 (5/05)
 4. FEI Number: **59-2797800** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, BARBARA
9634 SPOTTSWOOD RD W
JACKSONVILLE FL 32208

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 Barbara Green, Treasurer *Barbara Green* 9/5/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 7, 2005
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
Make Check Payable to Florida Department of State

10. PD	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAILYARD, REV. SAMUEL E. <input type="checkbox"/> Delete 3310 N CANAL STREET JACKSONVILLE FL 32209 SSTD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAILYARD, LINDA <input type="checkbox"/> Delete 7360 AMANDA CROSSING DRIVE S JACKSONVILLE FL HT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAILYARD, SOLOMON <input type="checkbox"/> Delete 7360 AMANDA CROSSING DRIVE S JACKSONVILLE FL SSTD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREEN, BARBARA <input type="checkbox"/> Delete 9634 SPOTTSWOOD RD. W. JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000378013 09/09/05-80001-018 70.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 19.07(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 like empowered.

SIGNATURE: *Barbara Green* **Barbara Green** 9/5/05 (904) 632-3169