

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90411 027 ****70.00

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**

40070200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**GREEN, BARBARA
9634 SPOTTSWOOD RD W
JACKSONVILLE, FL 32208**

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** *Barbara Green*, Treasurer

4/26/06

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GAILYARD, REV. SAMUEL E.
STREET ADDRESS 3310 N CANAL STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE SSTD ☐ Delete
NAME GAILYARD, LINDA
STREET ADDRESS 7360 AMANDA CROSSING DRIVE S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE HT ☐ Delete
NAME GAILYARD, SOLOMON
STREET ADDRESS 7360 AMANDA CROSSING DRIVE S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SSTD ☐ Delete
NAME GREEN, BARBARA
STREET ADDRESS 9634 SPOTTSWOOD RD. W.
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME Rev. Samuel E. Gailyard
STREET ADDRESS 1010 Valencia Town Terr #205
CITY-ST-ZIP Orlando, Florida 32825

TITLE SD ☐ Change ☐ Addition
NAME Linda Gailyard
STREET ADDRESS 7360 Amanda Crossing Drive S
CITY-ST-ZIP Jacksonville, FL 32244

TITLE CT ☐ Change ☐ Addition
NAME Solomon Gailyard
STREET ADDRESS 7360 Amanda Crossing Drive S
CITY-ST-ZIP Jacksonville, FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Rev. Theodore Kelly APD
STREET ADDRESS 1758 Cesery Blvd
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☐ Change ☒ Addition
NAME Harriett Green ST
STREET ADDRESS 4501 Ken Knight Dr N
CITY-ST-ZIP Jacksonville FL 32209

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: **Barbara Green** *Barbara Green* Barbara Green

4/26/06 904-768-2706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #