

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90104 042 ****61.25

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DOCUMENT # N17654

1. Corporation Name

**CHURCH OF GOD AND SAINTS OF CHRIST - TABERNACLE
ONE, JACKSONVILLE, FLA. INC.**

Principal Place of Business

**3401 STUART STREET
JACKSONVILLE FL 32209-4350**

Mailing Address

**3401 STUART STREET
JACKSONVILLE FL 32209-4350**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/04/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**EAVES, SAMUEL JOSEPH, SR.
3401 STUART STREET
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T/D ☐ DELETE

NAME T/D
EAVES, MARY
STREET ADDRESS 3710 STUART STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

V ☐ DELETE

NAME V
LEGREE, BEVERLY
STREET ADDRESS 2040 WELLS RD #4H
CITY-ST-ZIP ORANGE PK FL 32073

D ☐ DELETE

NAME D
TURNER, JEWEL E.
STREET ADDRESS 862 TAMMY COVE DR
CITY-ST-ZIP JACKSONVILLE FL 32218

P ☐ DELETE

NAME P
EAVES, EVELYN
STREET ADDRESS 2259 COURTNEY DR.
CITY-ST-ZIP JACKSONVILLE FL 32208

S/D ☐ DELETE

NAME S/D
JONES, ABIGAIL E.
STREET ADDRESS 3416 STUART STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EAVES

4/28/99

(904) 381-3935

Date

Daytime Phone #

CR2E037 (11/98)