

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90200 012 ****61.25

DOCUMENT # N17654

1. Entity 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**

DO NOT WRITE IN THIS SPACE



05052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLINS, WILLIAM H. A. Samuel J. Eaves
STREET ADDRESS	804 OLD RIVER ROAD 10467 Song Sparrow Lane
CITY - ST - ZIP	DARIEN, GA 31305 Jacksonville, FL 32218
TITLE	V
NAME	EAVES, MARY A
STREET ADDRESS	3710 STUART STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	TD
NAME	EAVES, EVELYN
STREET ADDRESS	2259 COURTNEY DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32208
TITLE	SD
NAME	JONES, ABIGAIL E
STREET ADDRESS	3416 N. STUART STREET
CITY - ST - ZIP	JACKSONVILLE, FL 322094351
TITLE	P
NAME	LEGREE, BEVERLY
STREET ADDRESS	2638 SUNRISE RIDGE LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/05 904-768-3838