

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17654**

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and how it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **EAVES, SAMUEL J**  
CITY-ST-ZIP **10467 SONG SPARROW LANE  
JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **U000000427533  
02/21/06-80012-011 61.25**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **EAVES, MARY A**  
CITY-ST-ZIP **3710 STUART STREET  
JACKSONVILLE FL 32209**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **EAVES, EVELYN**  
CITY-ST-ZIP **2259 COURTNEY DRIVE  
JACKSONVILLE FL 32208**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **JONES, ABIGAIL E**  
CITY-ST-ZIP **3416 N. STUART STREET  
JACKSONVILLE FL 32209-4351**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **LEGREE, BEVERLY**  
CITY-ST-ZIP **2638 SUNRISE RIDGE LANE  
JACKSONVILLE FL 32211**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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