

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

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**



03192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JONES, ABIGAIL E
3416 N. STUART STREET
JACKSONVILLE, FL 322094351**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000677040
03/30/07-80088-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/07 904-768-3038