

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17654

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** CHURCH OF GOD AND SAINTS OF CHRIST, FIRST TABERNACLE, INC.

**Current Principal Place of Business:**

3401 STUART STREET  
JACKSONVILLE, FL 322094350

**New Principal Place of Business:**

**Current Mailing Address:**

3401 STUART STREET  
JACKSONVILLE, FL 322094350

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EAVES, SAMUEL J  
Address: 10467 SONG SPARROW LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete  
Name: EAVES, MARY A  
Address: 3710 STUART STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete  
Name: EAVES, EVELYN  
Address: 2259 COURTNEY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD ( ) Delete  
Name: JONES, ABIGAIL E  
Address: 3416 N. STUART STREET  
City-St-Zip: JACKSONVILLE, FL 322094351

Title: P ( ) Delete  
Name: LEGREE, BEVERLY  
Address: 2638 SUNRISE RIDGE LANE  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J. EAVES, I

D

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date