



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N22021</b> 1. Entity Name <b>JACKSON BLUFF COMMUNITY CHURCH, INC.</b>						<b>FILED</b>  <b>04 SEP -3 AM 10:23</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>		
Principal Place of Business <b>4470 WAINWRIGHT ROAD</b> <b>TALLAHASSEE, FL 32310 US</b>				Mailing Address <b>4470 WAINWRIGHT ROAD</b> <b>TALLAHASSEE, FL 32310 US</b>				
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 <b>59-2939946</b>				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>BURGIN, GORDON</b> <b>2222 DEMRON ROAD</b> <b>TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD</b> <b>TAYLOR, CRAIG</b> <b>4323 WAINWRIGHT ROAD</b> <b>TALLAHASSEE, FL 32310</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARR, LIL</b> <b>3647 BEN STOUTAMIRE RD</b> <b>TALLAHASSEE, FL</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LYNCH, GLENDA</b> <b>7977 SMITH CREEK ROAD</b> <b>TALLAHASSEE, FL 32310</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DTS</b> <b>GREGORY, SYLVIA</b> <b>3974 EDGEWATER DRIVE</b> <b>TALLAHASSEE, FL 32310</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		<div style="text-align: center;"> <b>400041097124</b>  <b>09/15/04--01025--018</b> <b>**20.00</b> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.								
<b>SIGNATURE:</b> <u>Sylvia Gregory</u> <u>Sylvia Gregory</u> <u>9-2-04</u> <u>850-385-5516</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>								