

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N22021

1. Entity Name
JACKSON BLUFF COMMUNITY CHURCH, INC.



Principal Place of Business
4470 WAINWRIGHT ROAD
TALLAHASSEE, FL 32310 US

Mailing Address
4470 WAINWRIGHT ROAD
TALLAHASSEE, FL 32310 US

FILED
Aug 11, 2005 08:00 AM
Secretary of State



07152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2939946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURGIN, GORDON
2222 DEMRON ROAD
TALLAHASSEE, FL 32312

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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	CD
NAME	TAYLOR, CRAIG
STREET ADDRESS	4323 WAINWRIGHT ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310

TITLE	D
NAME	CARR, LIL
STREET ADDRESS	3647 BEN STOUTAMIRE RD
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	D
NAME	LYNCH, GLENDA
STREET ADDRESS	7977 SMITH CREEK ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310

TITLE	DTS
NAME	GREGORY, SYLVIA
STREET ADDRESS	3974 EDGEWATER DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/11/05-80003-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sylvia Gregory Sylvia Gregory 8-9-05 850-385-5516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #