


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25650</b> 1. Entity Name <b>THE CHURCH OF OUR LORD AND SAVIOUR JESUS CHRIST, INC.</b>	
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Principal Place of Business <b>8442 NEW KINGS ROAD</b> <b>JACKSONVILLE, FL 32219</b>	Mailing Address <b>8442 NEW KINGS ROAD</b> <b>JACKSONVILLE, FL 32219</b>
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3015797</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, DOWLING**  
**3947 VICTORIA LANDING DR N**  
**JACKSONVILLE, FL 32208**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	PD GIBSON, JOHN ACE SR. 5918 JOHN F. KENNEDY DR. N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROGERS DOWLING 3947 VICTORIA LANDIND DR NORTH JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOWERS, ROSE 4515 S. LINCREST DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIBSON, BARBARA J. 5918 JOHN F. KENNEDY DR. N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/21/05-80033-015 61.25

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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.

SIGNATURE: *Barbara J. Gibson* 1/19/05 904-764-7540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #