

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N34361

FILED
Sep 07, 2003
Secretary of State

Entity Name: THE CHURCH AT JACKSONVILLE, INC.

Current Principal Place of Business:

8627 ANDALOMA ST
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8747
JACKSONVILLE, FL 322398747 US

New Mailing Address:

FEI Number: 59-2915889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, BRUCE
8627 ANDALOMA ST
JACKSONVILLE, FL 32211

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: PD () Delete
Name: LEE, BRUCE D.,
Address: 8627 ANDALOMA ST.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD () Delete
Name: MALLARD, THOMAS L
Address: 2715 PARDISH CEMETERY RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD () Delete
Name: WRIGHT, MICHAEL J
Address: 2419 PATSY ANNE DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: WRIGHT, MICHAEL J
Address: 2419 PATSY ANNE DR
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, BRUCE D
Address: 8627 ANDALOMA ST.
City-St-Zip: JACKSONVILLE, FL 32211

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 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 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: BRUCE D LEE

PD

09/07/2003

Electronic Signature of Signing Officer or Director

Date