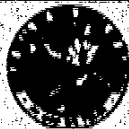


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34710 (6)

1. Corporation Name

**THE CENTRE CHURCH OF SPIRITUAL QUEST OF JACKSONV
ILLE, INC.**

Principal Place of Business

Mailing Address

3872 SAN JOSE PARK DR.
JACKSONVILLE FL 32217
US

3872 SAN JOSE PARK DR.
JACKSONVILLE FL 32217
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1989

3a. Date of Last Report
04/29/1994

4. FEI Number

59-3013343

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANSON, T. JEAN
3872 SAN JOSE PARK DR
JACKSONVILLE FL 32217**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	BRANSON, T. JEAN
STREET ADDRESS	120 NOEL ROAD
CITY-ST-ZIP	ORANGE PARK FL
TITLE	DV
NAME	BRANSON
STREET ADDRESS	120 NOEL RD.
CITY-ST-ZIP	ORANGE PARK FL
TITLE	DM
NAME	HILGENBERG, GERARD W.
STREET ADDRESS	6315 CLARET RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DM
NAME	SCARBOROUGH, JOHN S.
STREET ADDRESS	3717 FOREST BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DST
NAME	SANDERS, GRACE
STREET ADDRESS	513 ROSEBUD LANE
CITY-ST-ZIP	NEPTUNE BCH. FL
TITLE	DM
NAME	MAHLE, MARTY
STREET ADDRESS	9675 BAYMEADOWS RD., #43
CITY-ST-ZIP	JACKSONVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

T. Jean Branson

(T. JEAN BRANSON)

4/26/95

(904-636-0336)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number