2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

DOCUMENT# N37293

Entity Name: SAINT PAUL LUTHERAN CHURCH OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

2730 W EDGEWOOD AVE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2730 W EDGEWOOD AVE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3177110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNGINN, LARENZA
11402 SARASOTA LANE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

CRAWFORD, JEROME C
3946 ST. JOHNS AVE.
#45
JACKSONVILLE, FL 32205 US

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: JEROME C CRAWFORD 04/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUNGIN, LARENZA
Address: 11402 SARASOTA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete
Name: HUTCHINSON, DORSEY
Address: 1256 SQUIRREL LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete
Name: CRAWFORD, JEROME
Address: 3946 SAINT JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete
Name: HEMPHILL, MARTHA
Address: 10987 ROCK ISLAND RD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRAWFORD, JEROME C
Address: 3946 ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MUNGIN, NAOMI
Address: 11402 SARASOTA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD (X) Change ( ) Addition
Name: KEARNS, SIDELL
Address: 9145 GREENLEAF RD.
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEROME C CRAWFORD PD 04/07/2007
Electronic Signature of Signing Officer or Director Date