
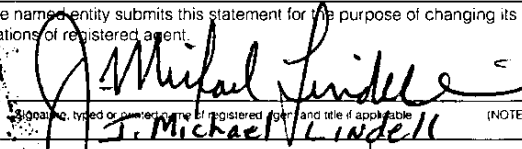
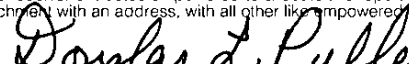


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 040 ****61.25

DOCUMENT # N38805 1. Entity Name JACKSONVILLE CHURCH OF CHRIST, INC.					
Principal Place of Business 6118 BOWDEN ROAD JACKSONVILLE, FL 32216 US			Mailing Address 6118 BOWDEN ROAD JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3017790	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCALIE, JIM 6118 BOWDEN ROAD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name J. Michael Lindell Street Address (P.O. Box Number is Not Acceptable) 18276 San Jose Blvd. Suite 126 City Jacksonville FL 32223		
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:  J. Michael Lindell DATE: 4/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKIE, JAMES 6118 BOWDEN RD JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pullen, Douglas L. 1433 Windsor Place Jacksonville, FL 32205
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, PHILIP 6118 BOWDEN ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Henderson, Randal H. 2970 St. Johns Ave Unit 7G Jacksonville, FL 32205
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINIG, SCOTT A 7780 ROYAL CREST DR. JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perry, Ken 6118 Bowden Road Jacksonville, FL 32216
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNOOR, ERIC J 6118 BOWDEN ROAD JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCIS, DAVID 921 LOTUS LANE S JACKSONVILLE, FL 32259
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Douglas L. Pullen DATE: 4/25/2007 DAYTIME PHONE: 904/519-8225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					