


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 014 ****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
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40081163



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3017790	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LINDELL, MICHAEL J 12276 SAN JOSE BLVD. SUITE 126 JACKSONVILLE, FL 32223

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$31.25
Due by May 1, 2008**

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	C PULLEN, DOUGLAS L 1433 WINDSOR PLACE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LITTLE, PHILIP <i>Humphries, Jeffery</i> 6118 BOWDEN ROAD <i>6118 Bowden Road</i> JACKSONVILLE, FL 32216 <i>Jacksonville, FL 32216</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, RANDAL H 2970 ST. JOHNS AVE UNIT 7G JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PERRY, KEN 6118 BOWDEN ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>SANTIAGO, BERNARDO A.</i> FRANCIS, DAVID <i>12106 CEDAR TRACE DR. S.</i> 921 LOTUS LANE S <i>JAX, FL 32246</i> JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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* *Douglas L. Pullen* *April 9, 2008* *519-9225*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #