# 2006 NOT-FOR[illegible]FOFIT CORPORATION ANN[illegible]AL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N419[illegible]

1. Entity Name
SPRINGFIELD CHRISTIAN C[illegible]328 (DISCIPLES OF CHRIST) OF JACKSONVILL[illegible], [illegible]RIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 25 WEST 9TH ST.<br>JACKSONVILLE, FL 32206 | 25 WEST 9TH ST.<br>JACKSONVILLE, FL 32206 |

DO NOT W[illegible]E IN THIS SPACE

04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0931258

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Registered Agent

ROBERTS, CARY V
1420 MENLO AVE
JACKSONVILLE, FL 32218

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

Signature, typed or printed name of [illegible] & Title.

**Filing Fee is $61.25**
**Due by May 1, 200[illegible]**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | HINSON, LINDA |
| STREET ADDRESS | 3842 MARLAND ST |
| CITY-ST-ZIP | JACKSONVILLE, FL [illegible] |
| TITLE | T |
| NAME | ALEXANDER, FLORL[illegible] |
| STREET ADDRESS | 669 ALDER STREET |
| CITY-ST-ZIP | JACKSONVILLE, FL [illegible] |
| TITLE | S |
| NAME | KETH[illegible] ROBERTS |
| STREET ADDRESS | 1420 MENLO AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL [illegible] |
| TITLE | D |
| NAME | SIMMONS, LENWOO[illegible] |
| STREET ADDRESS | 331 E [illegible] STRE[illegible] |
| CITY-ST-ZIP | JACKSONVILLE, FL [illegible] |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000516103
04/29/06-80234-024 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information [illegible] in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this [illegible] 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 [illegible] 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 [illegible] or all other like empowered.

SIGNATURE: Linda Hinson Linda Hinson 4-11-06 904-356-1717

SIGNATURE AND [illegible] TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #