

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90030 017 ****70.00

DOCUMENT # N41900

1. Entity Name
SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF
CHRIST) OF JACKSONVILLE, FLORIDA, INC.



Principal Place of Business
25 WEST 9TH ST.
JACKSONVILLE, FL 32206

Mailing Address
25 WEST 9TH ST.
JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



08112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-0931258

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
HINSON, LINDA
STREET ADDRESS
3842 MARLAND ST
CITY-ST-ZIP
JACKSONVILLE, FL 32209

TITLE
NAME
T
ALEXANDER, FLORENCE
STREET ADDRESS
669 ALDER STREET
CITY-ST-ZIP
JACKSONVILLE, FL 32206

TITLE
NAME
S
KETIA, ROBERTS
STREET ADDRESS
1420 MENLO AVE
CITY-ST-ZIP
JACKSONVILLE, FL 32218

TITLE
NAME
D
SIMMONS, LENWOOD
STREET ADDRESS
331 E 10TH STREET
CITY-ST-ZIP
JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Lenwood B. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-07 (904) 765-1109
Date Daytime Phone #