## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1006

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation		` '							
JACKSO	ON HEIGHTS CHURCH (	of Christ Incorporat	ED			1 10 DITTO ETT DIEKT LADIT AGASE HASS I	nın Biğir Biğir Biğir	B   B   1   B   B   B   B   B   C	
Principal Place	of Business	Mailing Address					NIII BADIE BIBAI BIBII	#\$### # <b>\$</b> ### ##### ####	
		3817 E. LINDELL AVE.							
3817 E. LINDE TAMPA FL 334		TAMPA FL 33610							
US	V.V	US			3. Date incorporated or Qualified				
						03/06/1992	05/0	1/1995	
2. Principal Pla	ice of Business	2a. Mailing Address	<u>├</u> ──┐			4. FEI Number 59-3114005	<u> </u>	Applied For Not Applicable	
21		26	Suite, Apt. #, etc.			\$8.75 Additional			
Suite, Apt. #	ŧ, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	1 1 7 "	Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	30 Cou	ntry		This corporation has liability for In Florida Statutes	itangible tax und ]_Yes □ No	er s. 199.032,	
24	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	9, Maille Bild Address of Co	intellit indianated was in		81 Na	me				
OLUTH E	MADOUC T			<b>82</b> St	reet Add	ress (P.O. Box Number is Not Acceptable	e)		
SUTTLE, MARCUS T. 1303 EAST 32ND AVENUE						7000 ( 10.000)			
TAMPA FL 33603				63					
Main M. L. Cook					ly		FL 85	Zip Code	
	10-1	0500 and 517 1509 Florida Statute	e the abo	we-nam	ed corpo	oration submits this statement for the purp and of directors. I hereby accept the appo		its registered office	
11. Pursuant to	to the provisions of Sections 617.1 red agent, or both, in the State of	Florida. Such change was authorize	od by the	corporat	on's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	,	_ #	
	th, and accept the obligations of	Section 617,0503 Friorida Sieglies.				'	4-28	-96	
SIGNATURE .	Signature, typed or printed name of registery d	equal end stile if applicable. NO		l Agent sign	ature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
12.		S AND DIRECTORS	1.17		Т	ADDITIONS/CHANGES TO OTT	Chi		
TITLE	PD	[]Dect it	1,2 N						
NAME	SUTTLE, MARCUS 1.			1.3 STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1303 E. 32190 AVE			(TY-\$T-ZI	,			ford states	
TITLE	SD			ITLE			☐ Ch	ange Addition	
NAME	SUTTLE, JAMES JR.		2.2 N						
STREET ADDRESS	3005 E. 23RD AVENUE			TREET ADD					
CITY-ST-ZIP	TAMPA FL 33605	FIDELETE	2. 4 ( 3.1 T	CITY-ST-Z ITLE	r		☐ Ch	ange Addition	
TITLE	OUTTLE OPEGODY B	ш	32 N						
NAME STREET ADORESS	SUTTLE, GREGORY B. 4705 ASHMORE DRIVE		3.3 S	STREET ADO	RESS				
CITY-ST-ZIP	TAMPA FL		34.	CITY-ST-Z	<u> P</u>		□ Ch	nange Addition	
TITLE		☐ DELE1E		ITLE			L_1 CI	angs L.J Apallion	
NAME				NAME	nree				
STREET ADDRESS			1	STREFT ADÛ CITY-ST-ZI					
CITY-ST-ZIP		DELETE		11TLE	-		□ Cr	nange	
TITLE NAME		had F		NAME					
STREET ADDRESS			5.3 8	STREE1 ADO	RESS				
CITY-ST-ZIP				CITY-ST-Z	P		Ct	hange	
TITLE		DELETE		TITLE			انا ليبيا	wage	
UNIT	1		6.21	NAME	- 1				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 rustee empowered to execute this report as required by Chapter 617, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address.

CR2E037 (12/95)