

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-22-2007 90098 023 ****61.25

DOCUMENT # N50422 1. Entity Name KIRKWOOD PRESBYTERIAN CHURCH OF JACKSONVILLE, INC.					
Principal Place of Business 8701 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244 US				Mailing Address 8701 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244 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 59-3066301	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHUKE, FRANK 8701 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name Row Woodworth Street Address (P.O. Box Number is Not Acceptable) 8101 Argyle Forest Blvd City Jacksonville FL Zip Code 32244		
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 DATE 1/16/07 <small>Signature, typed or printed name of registered agent and role if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$64.25 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	D HADRAVA, LARRY 8701 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Row Woodworth 8101 Argyle Forest Blvd Jacksonville, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUFFMAN, SHARI 8701 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIKE PATTERSON 8101 Argyle Forest Blvd Jacksonville, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORSE, LOIS 8701 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bill Nichols 8101 Argyle Forest Blvd Jacksonville, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UNKELBACH, MARY KAY 8701 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUKE, FRANK 8701 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLAUGHTER, BRENDA 8701 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:				Date 2-12-07 Daytime Phone # 904-777-0006	

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