

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90030 030 \*\*\*\*61.25

DOCUMENT # N51074

1. Entity Name  
EVANGELISTIC JEWISH CENTER, INC.



Principal Place of Business  
6557 LEONA ST  
JACKSONVILLE, FL 32219 US

Mailing Address  
6557 LEONA ST  
JACKSONVILLE, FL 32219 US

50065971



06072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3147493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LUCIO, ROSA MARY  
6542 LEONA ST  
JACKSONVILLE, FL 32219

**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 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUCIO, ROSA MARY
STREET ADDRESS	6542 LEONA ST
CITY - ST - ZIP	JACKSONVILLE, FL 32219
TITLE	DST
NAME	BOYKINS, MICHELE V
STREET ADDRESS	2958 ANTHE CT
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	DT
NAME	SMITH, LORRAINE
STREET ADDRESS	1728 JOHNSON ST
CITY - ST - ZIP	BRUNSWICK, GA 32515
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Rosa Mary Lucio - ROSA MARY LUCIO 09/09/05 904 765-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #