

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90301 035 ****61.25



DOCUMENT # N9200000634
 1. Entity Name
ST. NICHOLAS PARK CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INCORPORATED

Principal Place of Business Mailing Address
 3226 BEACH BLVD 3226 BEACH BLVD
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-0907687 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 OWENS, LAMAR
 1506 RIVER HILLS CIR E
 JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HENRICKS, C. MARK	
STREET ADDRESS	346 E 3RD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	OWENS, LAMAR C.	
STREET ADDRESS	1506 RIVER HILLS CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	OWENS, MARTHA	
STREET ADDRESS	1506 RIVER HILLS CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Keith Brown	
STREET ADDRESS	1828 San Marco Pl	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Wayne Combass	
STREET ADDRESS	3163 Bridgeview Dr.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. Lamar Owens Chairman 4-7-06 (904) 502-0759