2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-ZIP

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # N92000000971 1. Entity Name 04-18-2005 90273 006 ****61.25 HODGES BOULEVARD PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 4140 HODGES BLVD. 4140 HODGES BLVD. JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3157535 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, MILTON Street Address (P.O. Box Number is Not Acceptable) 13126 CHETS CREEK DR N JACKSONVILLE FL 32224 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Delete TITLE Change **GUTSHALL, DANIEL P** NAME 4140 HODGES BLVD STREET ADDRESS STREET ADDRESS Jacksonville FL JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-7IP 3224 - Change TITLE TITLE HARRIS, AMY C NAME NAME 4140 HODGES BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete TEBBS, EDYTHE NAME 4140 HODGES BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-7IP CiTY-ST-ZIP Change ☐ Addition Delete TITLE TITL F GRIFFIN, MILTON 4140 HODGES BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP Delete. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 reports 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.

FILED