2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N92000000982

Entity Name: WESLEY GROUP HOME MINISTRIES OF JACKSONVILLE, INC.

Current Principal Place of Business:

1415 LA SALLE STREET
JACKSONVILLE, FL 322073196

New Principal Place of Business:

Current Mailing Address:

1415 LA SALLE STREET
JACKSONVILLE, FL 322073196

New Mailing Address:

FEI Number: 59-6045472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEAL, RICHARD W
1415 LASALLE STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	PENNEY, EVELYN	
Address:	2149 HUNTSFORD ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	T	( ) Delete
Name:	MOORE, DEBRA B.	
Address:	1415 LASALLE STREET	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	PRESTON, ED	
Address:	1401 PEARL STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	PD	( ) Delete
Name:	NEAL, RICHARD W	
Address:	1415 LASALLE STREET	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	JENNINGS, FRANCES	
Address:	1604 AVONDALE AVE	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	MASSEY, MARY A.	
Address:	1902 EPPING FOREST WAY S.	
City-St-Zip:	JACKSONVILLE, FL 32217	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CHAPPELL, EDWARD T	
Address:	8112 SHADY GROVE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA B. MOORE T 04/13/2005
Electronic Signature of Signing Officer or Director — Date