

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000301

FILED
Apr 25, 2006
Secretary of State

Entity Name: JACKSONVILLE SCHOOL OF MINISTRY, INC.

Current Principal Place of Business:

8428 NEW KINGS RD
STE 7
JACKSONVILLE, FL 32219 US

Current Mailing Address:

8428 NEW KINGS RD
STE 7
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

8428 NEW KINGS RD
STE 3
JACKSONVILLE, FL 32219 US

New Mailing Address:

8428 NEW KINGS RD
STE 3
JACKSONVILLE, FL 32219 US

FEI Number: 59-3171692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, CLARENCE
8428 NEW KINGS RD
STE 7
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

WILLIAMS, CLARENCE
8428 NEW KINGS RD
STE 3
JACKSONVILLE, FL 32219 US

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:

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: TIMMONS, GARY
Address: 1363 CARBONDALE DR N
City-St-Zip: JACKSONVILLE, FL 32209

Title: DVC () Delete
Name: HAMMOND, VALERIE
Address: 7527 JOHN F KENNEDY DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: DT () Delete
Name: WALTER, GENERAL
Address: 2836 W. 4TH ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: ROPES, SHELIAH D
Address: 3737 ST. JOHN BLVD APT 2003
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: DAVIS, VALDA
Address: 7556 D. LAFONTAIRE DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS () Delete
Name: WESLEY, QUANNA
Address: 4501 LOVELAND PASS DR., E
City-St-Zip: JACKSONVILLE, FL 32210

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: D (X) Change () Addition
Name: ROPER, SHELIAH D
Address: 3737 ST. JOHN BLVD APT 2003
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: CLARENCE WILLIAMS

RA

04/25/2006

Electronic Signature of Signing Officer or Director

Date