

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000301

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** JACKSONVILLE SCHOOL OF MINISTRY, INC.

**Current Principal Place of Business:**

6452 NEW KINGS RD  
JACKSONVILLE, FL 32219 US

**New Principal Place of Business:**

**Current Mailing Address:**

8428 NEW KINGS RD  
STE 3  
JACKSONVILLE, FL 32219

**New Mailing Address:**

6452 NEW KINGS RD  
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 3  
JACKSONVILLE, FL 32219 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: DC  
Name: TIMMONS, GARY  
Address: 1363 CARBONDALE DR N  
City-St-Zip: JACKSONVILLE, FL 32209

Title: EVD  
Name: HAMMOND, VALERIE  
Address: 7527 JOHN F KENNEDY DR  
City-St-Zip: JACKSONVILLE, FL 32219

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

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

Title: EDD  
Name: WILLIAMS, CLARENCE E EXE. D  
Address: 8428 NEW KINGS RD.  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

SIGNATURE: CLARENCE WILLIAMS

EDD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date