

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

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001172

1. Entity Name

JASPER CHURCH OF CHRIST, INC.



Principal Place of Business

P.O. BOX 1207
JASPER FL 32052

Mailing Address

P.O. BOX 1207
JASPER FL 32052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3607324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, ARTHUR P. JR.
808 3RD STREET N.W.
JASPER FL 32052

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

Arthur P. King Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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: **D** ☐ Delete
NAME: **COOK, WAYNE**
STREET ADDRESS: **3701 NW CR 150**
CITY- ST- ZIP: **JASPER FL 32052**

TITLE: **D** ☐ Delete
NAME: **AVRIETT, DAVID A**
STREET ADDRESS: **PO BOX 384**
CITY- ST- ZIP: **JASPER FL 32052**

TITLE: **D** ☐ Delete
NAME: **KING, ROBERT M**
STREET ADDRESS: **6368 KING AVE**
CITY- ST- ZIP: **JENNINGS FL 32053**

TITLE: **D** ☐ Delete
NAME: **SEASHOLTZ, CONRAD**
STREET ADDRESS: **PO BOX 370**
CITY- ST- ZIP: **LAKE PARK GA 31636**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME: **000000274331**
STREET ADDRESS: **03/24/05-80006-010**
CITY- ST- ZIP: **61.25**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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 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:

Wayne Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05 386-938-4466

Date

Daytime Phone #