

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001539 (4)

1. Corporation Name

NEW COVENANT JESUS JUBILAND, INC.



Principal Place of Business

**2361 CORTEZ ROAD
JACKSONVILLE FL 32246**

Mailing Address

**2361 CORTEZ ROAD
JACKSONVILLE FL 32246**

TR=Trustee

3. Date Incorporated or Qualified **03/27/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3314239

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAILEY, ROBERT E
2361 CORTEZ ROAD
JACKSONVILLE FL 32246**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	TOMLINSON, WILEY H	
STREET ADDRESS	2361 CORTEZ ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32246	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TOMLINSON, JEANA	
STREET ADDRESS	2361 CORTEZ ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32246	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BAILEY, ROBERT E	
STREET ADDRESS	639 QUEENS HARBOUR BOULEVARD	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROBINSON, JOSEPH R	
STREET ADDRESS	4838 DOVETREE LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD	
STREET ADDRESS	458 SHANNA ISLE COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tomlinson, Wiley H.	
1.3 STREET ADDRESS	2361 Cortez Road	
1.4 CITY - ST - ZIP	Jacksonville, FL 32246	
2.1 TITLE	TR V T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tomlinson, Jeana	
2.3 STREET ADDRESS	2361 Cortez Road	
2.4 CITY - ST - ZIP	Jacksonville, FL 32246	
3.1 TITLE	TR V S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bailey, Robert E.	
3.3 STREET ADDRESS	639 Queens Harbour Boulevard	
3.4 CITY - ST - ZIP	Jacksonville, FL 32225	
4.1 TITLE	TR V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robinson, Joseph R.	
4.3 STREET ADDRESS	4838 Dovetree Lane	
4.4 CITY - ST - ZIP	Jacksonville, FL 32225	
5.1 TITLE	TR V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Johnson, Richard	
5.3 STREET ADDRESS	458 Shanna Isle Court	
5.4 CITY - ST - ZIP	Jacksonville, FL 32225	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT E. BAILEY, Secretary

1/22/96

Date

(904) 641-7600

Daytime Phone #

CR2E037 (12/95)