

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2005
Secretary of State**

DOCUMENT# N98000003617

Entity Name: JACKSONVILLE LIFE CHURCH, INC.

Current Principal Place of Business:

11827 LYNNE TREE LANE W
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11827 LYNNE TREE LANE W
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3516788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, J. STEVEN
11827 LYNNE TREE LANE N
JACKSONVILLE, FL 32258 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: PD () Delete
Name: WALLACE, J. STEVEN
Address: 11827 LYNNE TREE LANE W
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD () Delete
Name: WALLACE, TAMI J
Address: 11827 LYNNE TREE LANE W
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD () Delete
Name: WIGNER, WILLIAM
Address: 11678 THORNAPPLE DR
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: J. STEVEN WALLACE

PD

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date