


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000003617
 1. Entity Name
 JACKSONVILLE LIFE CHURCH, INC.



Principal Place of Business: 11733 CRUSSELLE DRIVE, JACKSONVILLE, FL 32223
 Mailing Address: 11733 CRUSSELLE DRIVE, JACKSONVILLE, FL 32223

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03062008 No Chg-NP CR2E037(4/06)

4. FEI Number: 59-3516788 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent
 WALLACE, J. STEVEN
 11733 CRUSSELLE DRIVE
 JACKSONVILLE, FL 32223

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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: J. Steven Wallace J. Steven Wallace President DATE: 3/6/08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: WALLACE, J. STEVEN STREET ADDRESS: 11733 CRUSSELLE DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32223
TITLE: STD NAME: WALLACE, TAMI J STREET ADDRESS: 11733 CRUSSELLE DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32223
TITLE: VPD NAME: WIGNER, WILLIAM STREET ADDRESS: 11678 THORNAPPLE DR CITY-ST-ZIP: JACKSONVILLE, FL 32223
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J. Steven Wallace J. Steven Wallace DATE: 3/6/08 904-739-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #