

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003775**

1. Entity Name  
**JUST CHURCH, INC.**



Principal Place of Business  
**38529 5TH AVENUE  
ZEPHYRHILLS, FL 33542**

Mailing Address  
**36206 BEGONIA AVE  
ZEPHYRHILLS, FL 33541 US**



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3522040**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RINGEISEN, KENNETH A  
36206 BEGONIA AVE  
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RINGEISEN, KENNETH A
STREET ADDRESS	36206 BEGONIA AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	VP
NAME	SOKOL, JOHN
STREET ADDRESS	3025 ALLEN RD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	S
NAME	SLOAN, ALICE
STREET ADDRESS	38349 EVERGREEN VILLAGE DR. #3
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	T
NAME	RINGEISEN, ROBIN D
STREET ADDRESS	36206 BEGONIA AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	D
NAME	SMITH, REBECCA
STREET ADDRESS	37609 8TH AVE.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	D
NAME	SLOAN, CARLOS
STREET ADDRESS	38349 EVERGREEN VILLAGE DR. #3
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542

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01/10/05-80078-024 61.25

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #