

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 026 ****70.00

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1. Entity Name

JULINGTON CREEK CHURCH OF CHRIST, INC.



Principal Place of Business

1630 S.R. 13 NORTH
JACKSONVILLE FL 32259

Mailing Address

12150 CORNER OAKS DRIVE
JACKSONVILLE FL 32223-1897

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3520888

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

BOWMAN, WENDELL E
12150 CORNER OAKS DRIVE
JACKSONVILLE FL 32223-1897

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

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, 2006

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 ELD
NAME DICKEY, ROBERT V ☒ Delete
STREET ADDRESS 1727 ORANGE PICKER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ELO
NAME MCCAIN, JAMES R ☐ Delete
STREET ADDRESS 212 HONEY SUCKLE WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE T
NAME BOWMAN, WENDELL E ☐ Delete
STREET ADDRESS 12150 CORNER OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223-1897

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ELD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ELD
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ELD
NAME CULVER, EDWARD D ☐ Change ☒ Addition
STREET ADDRESS 8358 BENGALIN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ELD
NAME MCCAIN, STEPHEN A ☐ Change ☒ Addition
STREET ADDRESS 143 LA PASADA CIRCLE WEST
CITY-ST-ZIP PONTE VEDRA FL 32082

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wendell E. Bowman* Wendell E. Bowman, Elder

January 18 2006 904.268.9638