

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006332**

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**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3520888</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

**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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELD MCCAIN, JAMES R 212 HONEY SUCKLE WAY JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELD BOWMAN, WENDELL E 12150 CORNER OAKS DRIVE JACKSONVILLE, FL 322231897
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELD CULVER, EDWARD D 8358 BENGALIN AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELD MCCAIN, STEPHEN A 143 LA PASADA CIR W PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/07-80090-022 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Wendell E. Bowman Wendell E. Bowman 01/08/2007 904.268.9638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #