
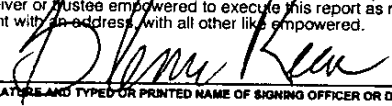


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90238 007 ****61.25

DOCUMENT # N99000003856 1. Entity Name THE CHURCH AT CHETS CREEK, INC.			
Principal Place of Business 13947 BEACH BLVD STE 203 JACKSONVILLE, FL 32224		Mailing Address 13947 BEACH BOULEVARD STE 203 JACKSONVILLE, FL 32224	
2. Principal Place of Business 4420 Hodges Blvd.		3. Mailing Address 4420 Hodges Blvd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224		Zip 32224	
Country 		Country 	
4. FEI Number 59-3586488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAZS, KEVIN A ESQ GOBELMAN, LOVE, GAVIN, BLAZE 7 MATHIS 815 SOUTH MAIN ST #300 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HOGAN, STEPHEN E STREET ADDRESS 13947 BEACH BLVD STE 203 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 4420 Hodges Blvd. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP
TITLE T NAME HASTINGS, NED STREET ADDRESS 13947 BEACH BLVD STE 203 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 4420 Hodges Blvd. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP
TITLE D NAME PRICE, LARRY STREET ADDRESS 13947 BEACH BOULEVARD STE 203 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 4420 Hodges Blvd. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP
TITLE D NAME MOBLEY, DAVID STREET ADDRESS 13947 BEACH BOULEVARD STE 203 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 4420 Hodges Blvd. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP
TITLE D NAME REESE, GLENN STREET ADDRESS 13947 BEACH BOULEVARD STE 203 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 4420 Hodges Blvd. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME 4420 Hodges Blvd. STREET ADDRESS Jacksonville, FL 32224 CITY-ST-ZIP
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: 		1-10-06 904-223-5954	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	