


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90036 020 \*\*\*\*61.25

<b>DOCUMENT # N99000003856</b> 1. Entity Name <b>THE CHURCH AT CHETS CREEK, INC.</b>					
Principal Place of Business <b>13947 BEACH BLVD ST 203 JACKSONVILLE, FL 32224</b>			Mailing Address <b>13947 BEACH BOULEVARD STE 203 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business - No P.O. Box # <b>4420 Hodges Blvd.</b>		3. Mailing Address <b>4420 Hodges Blvd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>59-3586488</b>	
Zip <b>32224</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLAZS, KEVIN A ESQ GOBELMAN, LOVE, GAVIN, BLAZE 7 MATHIS 815 SOUTH MAIN ST #300 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>HOGAN, STEPHEN E 4420 HODGES BLVD. JACKSONVILLE, FL 32224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>HASTINGS, NED 4420 HODGES BLVD. JACKSONVILLE, FL 32224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PRICE, LARRY 4420 HODGES BLVD. JACKSONVILLE, FL 32224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Walden, Paul</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4420 Hodges Blvd Jacksonville, FL 32224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MOBLEY, DAVID 4420 HODGES BLVD JACKSONVILLE, FL 32224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Scott Parker</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4420 Hodges Blvd Jacksonville, FL 32224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>REESE, GLENN 4420 HODGES BLVD JACKSONVILLE, FL 32224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Ed Hastings</b> <i>Treasurer Ed Hastings</i> <b>5/2/07</b> <b>904-223-5939</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					