2000 UNIFORM BUSINESS REPORT (UBR)

5/15 P1 A

FILED
Jul 25, 2000 8:00 am
Secretary of State
05-11-2000 90309 020 ****61.25

DOCUMENT # N99000004951

1. Entity Name

THE CHURCH OF JACKSONVILLE, INC.

R

Principal Place of Business	Mailing Address
5217 SANTA ROSA WAY JACKSONVILLE FL 32211	5217 SANTA ROSA WAY JACKSONVILLE FL 32211-8835

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 San Pablo Rd	P.O. Box 43638
Suite, Apt. #, etc.: Apt. # 1502	Suite, Apt. #, etc.: ~~Jax. Fl.~~
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32224 Country: USA	Zip: 32203 Country: USA

4. FEI Number: 59-3591761 ☐ 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
RETZER, MAXINE D 5217 SANTA ROSA WAY JACKSONVILLE FL 32211	Name: Retzer, Maxine D. Street Address (P.O. Box Number is Not Acceptable): 1700 San Pablo Rd Apt. #1502 City: Jacksonville FL Zip Code: 32224

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.

SIGNATURE: Maxine D. Retzer
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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Maxine Retzer (D) Pastor/President 1700 San Pablo Rd Apt. #1502 Jacksonville, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President (D) Donald Zachary Retzer 2626 E. Park Avenue #19202 Tallahassee, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer (D) Catherine Drost 3346 Brackenbury Lane Jacksonville, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 (D) Maxine D. Retzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #