

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11058 (5)

1. Corporation Name

**CHURCH OF GOD AND SAINTS OF CHRIST, TABERNACLE N
O. 1(ONE) OF THE DISTRICT OF COLUMBIA, INC.**

Principal Place of Business

Mailing Address

**3401 STUART STREET
JACKSONVILLE FL 32209**

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JACKSONVILLE FL 32209**



3. Date Incorporated or Qualified
08/08/1986

3a. Date of Last Report
06/02/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

**EAVES, SAMUEL J., I
1934 RIBAUT S. DR.
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature (typed or printed name of registered agent) and the corporation

(If Not) Registered Agent Signature (required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **EAVES, SAMUEL J. SR,**
CITY- ST- ZIP **1934 RIBAUT SCENIC DR
JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **LEGREE, BEVERLY**
CITY- ST- ZIP **2040 WELLS RD #4H
ORANGE PK FL**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **EAVES, EVELYN**
CITY- ST- ZIP **2259 COURTNEY DR.
JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **JONES, ABIGAIL E.**
CITY- ST- ZIP **3416 STUART ST
JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TURNER, JEWEL E.**
CITY- ST- ZIP **862 TAMMY COVE DR
JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel J. Eaves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

Date

(904)
765-2338

Daytime Phone #

CR2E037 (12/95)