2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004
Secretary of State

DOCUMENT# P11058

Entity Name: CHURCH OF GOD AND SAINTS OF CHRIST, TABERNACLE NO. 1(ONE) OF THE DISTRICT OF COLUMBIA, INC.

Current Principal Place of Business:

3403 STUART STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

3403 STUART STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EAVES, SAMUEL J., I
3401 STUART STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLLINS, WILLIAM H A.
Address: 804 OLD RIVER RD
City-St-Zip: DARIEN, GA 31305

Title: V ( ) Delete
Name: EAVES, MARY A
Address: 3710 STUART ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T/D ( ) Delete
Name: EAVES, EVELYN
Address: 2259 COURTNEY DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: S/D ( ) Delete
Name: JONES, ABIGAIL
Address: 3416 STUART STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: LEGREE, BEVERLY
Address: 2638 SUNRISE RIDGE LN
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COLLINS, WILLIAM H A.
Address: 804 OLD RIVER RD
City-St-Zip: DARIEN, GA 31305

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: LEGREE, BEVERLY
Address: 2638 SUNRISE RIDGE LN
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY LEGREE P 06/29/2004

Electronic Signature of Signing Officer or Director Date