


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90200 011 \*\*\*\*61.25

**DOCUMENT # P11058**

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



Principal Place of Business      Mailing Address

**3403 STUART STREET  
 JACKSONVILLE, FL 32209**      **3403 STUART STREET  
 JACKSONVILLE, FL 32209**

**DO NOT WRITE IN THIS SPACE**



05052005 No Chg-NP      CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOLLING, WILLIAM H.A.<br>804 OLD RIVER RD<br>DARIEN, GA 31305      | <i>Samuel J. Eaves<br/>10407 Song Sparrow Lane<br/>Jacksonville, Fla 32218</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>EAVES, MARY A<br>3710 STUART ST<br>JACKSONVILLE, FL 32209          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>EAVES, EVELYN<br>2259 COURTNEY DR<br>JACKSONVILLE, FL 32208      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>JONES, ABIGAIL<br>3416 STUART STREET<br>JACKSONVILLE, FL 32209   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEGREE, BEVERLY<br>2638 SUNRISE RIDGE LN<br>JACKSONVILLE, FL 32211 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |

**DO NOT WRITE  
 IN THIS SPACE**

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: *Samuel J. Eaves, I*      5/9/05      904-768-3038

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #