

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
**3403 STUART STREET
JACKSONVILLE, FL 32209**

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



05052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLINS, WILLIAM H.A. Samuel J. Eaves
804 OLD RIVER RD 10407 Song Sparrow Lane
DARIEN, GA 31305 Jacksonville, Fla 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
EAVES, MARY A
3710 STUART ST
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
EAVES, EVELYN
2259 COURTNEY DR
JACKSONVILLE, FL 32208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
JONES, ABIGAIL
3416 STUART STREET
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEGREE, BEVERLY
2638 SUNRISE RIDGE LN
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/05

Date

904-768-3038

Daytime Phone #