


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P11058
1. Entity Name
**CHURCH OF GOD AND SAINTS OF CHRIST,
TABERNACLE NO. 1(ONE) OF THE DISTRICT OF**



Principal Place of Business Mailing Address
3403 STUART STREET JACKSONVILLE FL 32209
3403 STUART STREET JACKSONVILLE FL 32209



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number **NO-T 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**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	EAVES, SAMUEL J	NAME	
STREET ADDRESS	10407 SONG SPARROW LANE	STREET ADDRESS	000000427876
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	02/21/06-80025-002 61.25
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	EAVES, MARY A	NAME	
STREET ADDRESS	3710 STUART ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	EAVES, EVELYN	NAME	
STREET ADDRESS	2259 COURTNEY DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JONES, ABIGAIL	NAME	
STREET ADDRESS	3416 STUART STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEGREE, BEVERLY	NAME	
STREET ADDRESS	2638 SUNRISE RIDGE LN	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.