

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003674

Entity Name: NORTH JACKSONVILLE FAMILY WORSHIP CENTER, INC.**Current Principal Place of Business:**10224 LEM TURNER RD
JACKSONVILLE, FL 32218**Current Mailing Address:**P.O. BOX 26035
JACKSONVILLE, FL 32226 US**FEI Number:** 59-3650687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BING, LEON R
11705 CHERRY BARK DR E
JACKSONVILLE, FL 32218-0000 US*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

Officer/Director Detail :

Title	P
Name	BING, LEON R
Address	11705 CHERRY BARK DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	JOHNSON, FATIMA C
Address	10224 LEM TURNER RD
City-State-Zip:	JACKSONVILLE FL 32218

Title	VP
Name	CHERRY, LEWIS
Address	11430 JOHNSON CREEK CIRCLE
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	THOMAS, DORIS M
Address	2531 PETUNIA STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	SANDERS, TAMECA
Address	11051 LYDIA ESTATES DR. E.
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	CATUS, SHAWANA
Address	10224 LEM TURNER RD
City-State-Zip:	JACKSONVILLE FL 32218

I hereby 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 all other like empowered.

SIGNATURE: LEON R BING**PRESIDENT****04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date