

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05003

**Entity Name:** FAITH TEMPLE ASSEMBLY OF GOD OF JACKSONVILLE, INC.**Current Principal Place of Business:**6561 FIRESTONE RD  
JACKSONVILLE, FL 32244**Current Mailing Address:**6561 FIRESTONE RD  
JACKSONVILLE, FL 32244**FEI Number:** 59-2236275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TREVINO, GABRIEL A  
7951 COPPERFIELD CIR N  
JACKSONVILLE, FL 32244 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	TREASURER
Name	GROVES, DALE
Address	7545 LIROPE ST.
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	CREWS, BILL
Address	10466 WELLINGTON SPRINGS WAY
City-State-Zip:	JACKSONVILLE FL 32221

Title	D
Name	GROSS, TOMKA
Address	8936 COUNTRY BEND CR., N.
City-State-Zip:	JACKSONVILLE FL 32244

Title	SECRETARY
Name	PFEIL, CHRIS
Address	2884 PLUM ORCHARD DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	BURKE, JOHN
Address	445 SHERWOOD OAKS DR.
City-State-Zip:	ORANGE PARK FL 32073

Title	P
Name	TREVINO, GABRIEL A
Address	7951 COPPERFIELD CIR N
City-State-Zip:	JACKSONVILLE FL 32244

*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:** GABRIEL TREVINO**PRESIDENT****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date