

2015 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:** Yes**Name and Address of Current Registered Agent:**TREVINO, GABRIEL A
8595 BERESFORD LN
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 SECRETARY
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

Title D
Name SALINAS, GILBERTO
Address 6089 LITTLE COLT CT
City-State-Zip: 32234 FL

Title D
Name DITTAUGH, CATHY
Address 9380 103RD ST. #88
City-State-Zip: JACKSONVILLE FL 32210

Title D
Name NETTLES, JOSEPH
Address 3288 DEERFIELD POINTE DRIVE
City-State-Zip: ORANGE PARK FL 32073

Title D
Name COWELL, RALPH
Address 8630 FROST ST. N.
City-State-Zip: JACKSONVILLE FL 32221

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****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date