

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000210

Entity Name: THE CHURCH OF CHRIST INCORPORATED IN JACKSONVILLE
FL. NATALIE DR. E**FILED**
Apr 05, 2019
Secretary of State
1644805196CC**Current Principal Place of Business:**852 ODESSA DR E
JACKSONVILLE, FL 32254**Current Mailing Address:**852 ODESSA DR E
JACKSONVILLE, FL 32254 US**FEI Number: 37-1710404****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HOLMAN, JOYCE L
10850 NATALIE DRIVE E
JACKSONVILLE, FL 32218 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: JOYCE L HOLMAN****04/05/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HOLMAN, WILLIAM I
Address	10850 NATALIE DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218

Title	VP, TREASURER
Name	HOLMAN, JOYCE L
Address	10850 NATALIE DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218

Title	ADVISOR
Name	HOLMAN, SULIEMAN S
Address	10507 BRONSON RD
City-State-Zip:	CLERMONT FL 34711

Title	ASST. TREASURER
Name	HOLMAN, MALCOLM M
Address	10850 NATALIE DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218

Title	PLANNER
Name	HOLMAN, ARKBAR M
Address	10850 NATALIE DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218

Title	MAINTENACE
Name	SUMLAR, MICHAEL
Address	852 ODESSA DR E
City-State-Zip:	JACKSONVILLE FL 32254

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: JOYCE HOLMAN**VP****04/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date