852 ODESSA D JACKSONVILLI				
Current Mai	ling Address:			
852 ODESS JACKSONVI	A DR E LLE, FL 32254 US			
FEI Number: 37-1710404		Certificate of Status Desired: Yes		
Name and Address of Current Registered Agent:				
HOLMAN, JOY 10850 NATALIE				
JACKSONVILLI	E, FL 32218 US			
		tered office or regis	ered agent, or both, in the State of Flo	rida.
The above named	E, FL 32218 US	tered office or regis	ered agent, or both, in the State of Flo	rida. 01/23/2023
The above named	E, FL 32218 US	tered office or regis	ered agent, or both, in the State of Flo	
The above named	 FL 32218 US I entity submits this statement for the purpose of changing its regis JOYCE L HOLMAN Electronic Signature of Registered Agent 	tered office or regis	ered agent, or both, in the State of Flo	01/23/2023
The above named	 FL 32218 US I entity submits this statement for the purpose of changing its regis JOYCE L HOLMAN Electronic Signature of Registered Agent 	tered office or regis	ered agent, or both, in the State of Flo	01/23/2023
The above named SIGNATURE Officer/Direc	 FL 32218 US I entity submits this statement for the purpose of changing its regis <u>JOYCE L HOLMAN</u> Electronic Signature of Registered Agent Ctor Detail : 			01/23/2023
The above named SIGNATURE Officer/Dired Title	 FL 32218 US <i>entity submits this statement for the purpose of changing its regis</i> <u>JOYCE L HOLMAN</u> Electronic Signature of Registered Agent Ctor Detail : P 	Title	VP, TREASURER	01/23/2023
The above named SIGNATURE Officer/Dired Title Name	E, FL 32218 US I entity submits this statement for the purpose of changing its regis I JOYCE L HOLMAN Electronic Signature of Registered Agent Ctor Detail : P HOLMAN, WILLIAM I 10850 NATALIE DRIVE E	Title Name	VP, TREASURER HOLMAN, JOYCE L	01/23/2023
The above named SIGNATURE Officer/Dired Title Name Address	E, FL 32218 US I entity submits this statement for the purpose of changing its regis I JOYCE L HOLMAN Electronic Signature of Registered Agent Ctor Detail : P HOLMAN, WILLIAM I 10850 NATALIE DRIVE E	Title Name Address	VP, TREASURER HOLMAN, JOYCE L 10850 NATALIE DRIVE E	01/23/2023
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E, FL 32218 US I entity submits this statement for the purpose of changing its regis I OYCE L HOLMAN Electronic Signature of Registered Agent Ctor Detail : P HOLMAN, WILLIAM I 10850 NATALIE DRIVE E JACKSONVILLE FL 32218	Title Name Address City-State-Zip:	VP, TREASURER HOLMAN, JOYCE L 10850 NATALIE DRIVE E JACKSONVILLE FL 32218	01/23/2023

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: WILLIAM HOLMAN

City-State-Zip: CLERMONT FL 34711

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

City-State-Zip: IPSWICH MA 01938

01/23/2023

Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 23, 2023 Entity Name: THE CHURCH OF CHRIST INCORPORATED IN JACKSONVILLE

Secretary of State 4496198968CC

Current Principal Place of Business:

DOCUMENT# N1300000210

FL. NATALIE DR. E