

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41900

Entity Name: SPRINGFIELD CHRISTIAN CHURCH (DISCIPLES OF CHRIST)
OF JACKSONVILLE, FLORIDA, INC.**Current Principal Place of Business:**25 WEST 9TH ST.
JACKSONVILLE, FL 32206**Current Mailing Address:**25 WEST 9TH ST.
JACKSONVILLE, FL 32206**FEI Number: 59-0931258****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, CAROL
2361 BROWARD ROAD
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	MINISTER
Name	ALEXANDER , FLORENCE
Address	25 W.9TH ST.
City-State-Zip:	JACKSONVILLE FL 32206

Title	MIN
Name	COLEY, WILLIAMS L
Address	8259 TEATICKET DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	MINISTER
Name	STEVENS, DORETTA
Address	25 W 9TH ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	ADMINISTRATOR
Name	WILLIAMS, CEARROW MURIEL
Address	25 WEST 9TH ST.
City-State-Zip:	JACKSONVILLE FL 32206

Title	DEACON
Name	HARRIS, CLINT
Address	25 W.9TH ST.
City-State-Zip:	JACKSONVILLE FL 32206

Title	SECRETARY
Name	HINSON , JOHNLISHA J
Address	25 W.9TH ST.
City-State-Zip:	JACKSONVILLE FL 32206

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: CEARROW WILLIAMS**ADMINISTRATOR****05/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date