

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR 20 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 700968 (1)**  
 1. Corporation Name  
**UNIVERSITY BOULEVARD CHAPEL OF THE CHURCH OF GOD  
 AT JACKSONVILLE, FLORIDA, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2214 UNIVERSITY BLVD S<br/>2214 UNIVERSITY BOULEVARD SOUTH<br/>JACKSONVILLE FL 32216</b> | Mailing Address<br><b>2214 UNIVERSITY BLVD S<br/>2214 UNIVERSITY BOULEVARD SOUTH<br/>JACKSONVILLE FL 32216</b> |
|--|--|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/17/1960</b>   | 3a. Date of Last Report<br><b>02/17/1994</b> |
| 4. FBI Number<br><b>59-2185201</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**SEGER, BRUCE S.  
 615 15TH AVE., N  
 JACKSONVILLE BCH FL 32250**

10. Name and Address of New Registered Agent

|   |
|---|
| 01 Name<br><b>SAME</b>                                |
| 02 Street Address (P.O. Box Number is Not Acceptable) |
| 03  |
| 04 City<br><b>FL</b>                                  |
| 05 Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                       |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
|--|---|--|--|
| TITLE<br><b>PD</b>                               | NAME<br><b>SEGER, BRUCE S.</b>                    | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>615 15TH AVE., N.</b>       | CITY - ST - ZIP<br><b>JACKSONVILLE BCH FL</b>     | 1.2 NAME   |  |
|  |   | 1.3 STREET ADDRESS                                     |  |
|  |   | 1.4 CITY - ST - ZIP                                    |  |
| TITLE<br><b>VPVD</b>                             | NAME<br><b>HARRIS, RODNEY</b>                     | 2.1 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>5038 N. RIPPLE RUSH DR.</b> | CITY - ST - ZIP<br><b>JACKSONVILLE FL</b>         | 2.2 NAME   |  |
|  |   | 2.3 STREET ADDRESS<br><b>7808 HUNTERS LAKE CIR. N.</b> |  |
|  |   | 2.4 CITY - ST - ZIP<br><b>JACKSONVILLE, FL 32210</b>   |  |
| TITLE<br><b>TD</b>                               | NAME<br><b>SUTTON, ESTHER R.</b>                  | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>2687 JEWEL RD.</b>          | CITY - ST - ZIP<br><b>JACKSONVILLE FL</b>         | 3.2 NAME   |  |
|  |   | 3.3 STREET ADDRESS                                     |  |
|  |   | 3.4 CITY - ST - ZIP                                    |  |
| TITLE<br><b>SD</b>                               | NAME<br><b>SANDERS, CURT</b>                      | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>2320 BAREFOOT TRACE</b>     | CITY - ST - ZIP<br><b>ATLANTIC BCH., FL 32233</b> | 4.2 NAME   |  |
|  |   | 4.3 STREET ADDRESS                                     |  |
|  |   | 4.4 CITY - ST - ZIP                                    |  |
| TITLE  | NAME  | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                   |   | 5.2 NAME   |  |
| CITY - ST - ZIP                                  |   | 5.3 STREET ADDRESS                                     |  |
|  |   | 5.4 CITY - ST - ZIP                                    |  |
| TITLE  | NAME  | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                   |   | 6.2 NAME   |  |
| CITY - ST - ZIP                                  |   | 6.3 STREET ADDRESS                                     |  |
|  |   | 6.4 CITY - ST - ZIP                                    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Esther R. Sutton **ESTHER R. SUTTON** **TREASURER** **4/17/95** **904-725-7688**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Florida)