## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(1)

UNIVERSITY BOULEVARD CHAPEL OF THE CHURCH OF GOD AT JACKSONVILLE, FLORIDA, INC.

29

9. Name and Address of Current Registered Agent

**FILED** Apr 24 1998 8:00am Secretary of State

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		3. Date Incorporated or Qualified 05/17/1960			
Principal Place of Business	Malling Address				
2214 UNIVERSITY BLVD S 2214 UNIVERSITY BOULEVARD SOUTH JACKSOAVILLE FL 32216	2214 UNIVERSITY BLVD S 2214 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216				
		4. FEI Number Applied For			
		<b>59-2185201</b> Not Applicable			
2. Principal Place of Business  5 AME	2a. Mailing Address 2b SAME	5. Certificate of Status Desired Section Fee Regulred			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	City & State	7. Is this nonprofit corporation a homeowners association?			

SEGER, BRUCE S. 615 15TH AVE., N JACKSONVILLE BCH FL 32250

Zip

ıntry	<ol><li>This corporation owes or has paid the current year Intangible</li></ol>							
	Personal Property Tax due June 30. 🔲 Yes 📈 No							
I	10. Name and Address of New Registered Agent							
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City 85 Zip Code							

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

30

SIGNATURE										
	Signature, typed or printed name of registered agent and title if ap		Registered Agent signature requ		DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition				
NAME	SEGER, BRUCE S.		1.2 NAME							
STREET ADDRESS	615 15TH AVE., N.		1.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP							
TITLE	VPVD	DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME	PIERCE, DANNY		2.2 NAME							
STREET ADDRESS	7808 HUNTERS LAKE CIRCLE N		2.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP							
TITLE	10	DELETE	3.1 TITLE		Change	☐ Addition				
NAME	Sutton, Esther R.		3.2 NAME							
STREET ADDRESS	2667 JEWEL RD.		3.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP							
TITLE	SD	DELETE	4.1 TITLE		☐ Change	Addition				
NAME	SANDERS, JOYCE		4. 2 NAME							
STREET ADDRESS	2320 BAREFOOT TRACE		4.3 STREET ADDRESS							
CITY-ST-ZIP	ATLANTIC BCH., FL		4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report of 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 corposition or the receiver or hystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

904-725-7688