FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702382** **(3)**

1. Corporation Name

CALVARY BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business / Mailing Address

4040 DUNN AVE
JACKSONVILLE FL 32218
US

3. Date Incorporated or Qualified: **05/03/1961**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21 4040 Dunn Avenue
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, Florida
24 Zip: 32218 25 Country: USA

2a. Mailing Address
26 4040 Dunn Avenue
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, Florida
29 Zip: 32218 30 Country: USA

4. FEI Number: **59-6016475** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAGWELL, BARRY N. DR.
5819 FT. SUMTER RD.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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.

SIGNATURE: Barry Bagwell — 3-13-96
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature is required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	Same	☐ Change ☐ Addition
NAME	BAGWELL, BARRY N DR		12 NAME		
STREET ADDRESS	5819 FT SUMTER RD		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE	DDM	☐ DELETE	21 TITLE	Same	☐ Change ☐ Addition
NAME	GARLITZ, GLENN R		22 NAME		
STREET ADDRESS	PO BOX 761, NA		23 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL		24 CITY-ST-ZIP		
TITLE	T	XX DELETE	31 TITLE	T	☐ Change XX Addition
NAME	~~MIZELL, WALLACE~~		32 NAME	E. R. Golden	
STREET ADDRESS	~~10108 PLANK LA~~		33 STREET ADDRESS	11016 Adee Road	
CITY-ST-ZIP	~~JAX FL~~		34 CITY-ST-ZIP	Jax. Fl. 32218	
TITLE	S	☐ DELETE	41 TITLE	Same	☐ Change ☐ Addition
NAME	SAMBLE, JOSEPH		42 NAME		
STREET ADDRESS	1419 DONALD ST		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP		
TITLE	TRS	☐ DELETE	51 TITLE	Same	☐ Change ☐ Addition
NAME	LEE, MARION		52 NAME		
STREET ADDRESS	11504 BOOTE BLVD.		53 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		54 CITY-ST-ZIP		
TITLE	DD	☐ DELETE	61 TITLE	Same	☐ Change ☐ Addition
NAME	JOHNSON, ALFRED R		62 NAME		
STREET ADDRESS	RT. 2 BOX 234		63 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Bagwell — 3-13-96 — 904-764-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)