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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	4040 DUNN AVE JACKSONVILLE FL 32218 US

3. Date Incorporated or Qualified: 05/03/1961

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

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAGWELL, BARRY N DR		1.2 NAME		
STREET ADDRESS	5819 FT SUMTER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DDM	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARLITZ, GLENN R		2.2 NAME		
STREET ADDRESS	PO BOX 761, NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDEN, E R		3.2 NAME	Berkey, J. N.	
STREET ADDRESS	11016 ADEE RD		3.3 STREET ADDRESS	12754 Dunns Creek Rd	
CITY-ST-ZIP	JAX FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32226	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAMBLE, JOSEPH		4.2 NAME		
STREET ADDRESS	1419 DONALD ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	TRS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEE, MARION		5.2 NAME		
STREET ADDRESS	11504 BOOTE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		5.4 CITY-ST-ZIP		
TITLE	DD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ALFRED R		6.2 NAME		
STREET ADDRESS	RT. 2 BOX 234		6.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		6.4 CITY-ST-ZIP		

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 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 N. Bagwell 3-31-98 904-764-4631

CR2E037 (10/97)