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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702382

1. Corporation Name

CALVARY BAPTIST CHURCH OF JACKSONVILLE, INC.

192082 - 90032 - 19

Principal Place of Business	Mailing Address
4040 DUNN AVE JACKSONVILLE FL 32218 US	4040 DUNN AVE JACKSONVILLE FL 32218 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

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: Mark A. Skinner
82 Street Address (P.O. Box Number is Not Acceptable): 4040 Dunn Avenue
83
84 City: Jacksonville FL 85 Zip Code: 32218

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: Mark A. Skinner — DATE: 2-28-99
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	P	☐ Change ☒ Addition
NAME	BAGWELL, BARRY N DR		1.2 NAME	Mark A. Skinner	
STREET ADDRESS	5819 FT SUMTER RD		1.3 STREET ADDRESS	4040 Dunn Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32218	
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	BERKEY, J. N.		3.2 NAME		
STREET ADDRESS	12754 DUNNS CREEK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226		3.4 CITY-ST-ZIP		
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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #