FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 703204

(8)

1. Corporation	on iname			` '							
SAN JO	OSE CHUF	ACH OF CHRIST,	INC.								
Principal Place of Business Mailing Address						-		-{		. Bibli elek bia	
8233 SAN JOSE BOULEVARD 6233 SAN JOSE BOULEVARI JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-233								1			
								3. Date Incorporated or Qualified 11/16/1961		ate of Last F 03/07/199	
2. Principal F	Place of Busin	ness	2a.	2a. Mailing Address 26				4. FEI Number 59-0839565			oplied For ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State				Cily & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	p Country			Zip		ıntry	,	8. This corporation has liability for intangible tax under s. 199.032,			
24				29 30				Florida Statutes Yes No			
	9. Name	and Address of Curre	nt Registe	ered Agent				10. Name and Address of New Re	gistered	Agent	
	_					81	Name				
WILSON, MICHAEL P							Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	N JOSE BLY										
JACKSONVILLE FL 32217						83					
						84	City		FL	. [Code
office or agent. I a	. 10 the provisi registered ag am familiar wi	ent, or Sections 617,056 ent, or both, in the State th, and accept the oblig	uz and 61. o of Florida gations of,	7.1508, Florida Statu a. Such change was Section 617.0503, F	ites, the ai authorize Iorida Stat	d by tutes	e-named corporations.	oration submits this statement for the p on's board of directors. I hereby accep	urpose of it the app	changing ii ointment as	is registered registered
SIGNATURE	Signature, typed	or printed name of registered ag	ont and title if	applicable (NO	TE Registere	o Ago	ent signature require	d when reinstating)	DATE		
12.		OFFICERS AN				13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	D			☐ DELETE						Change	Addition
NAME		MICHAEL P			1.2 N	AME					
STREET ADDRESS		I JOSE BLVD			1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP		WILLE FL		DELETE			IT-ZIP			T 0	T tarren
TITLE	D	- 0140150		[] DETER	2.1 TI					☐ Change	Addition
NAME		SE, CHARLES			22 N						
STREET ADDRESS		N JOSE BLVD.					ADDRESS				
CITY-ST-ZIP TITLE	JACKSONVILLE FL D			DELETE	3.1 TI		ST - ZIP			Change	Addition
NAME	_	YOUNG, JOHN			3.2 N			•		bg.	
STREET ADDRESS		N JOSE BLVD					ADORESS				
CITY-ST-ZIP	JACKSON						ST - ZIP				
TITLE	D				4.1 TI					Change	Addition
NAME	GODFRE	GODFREY, HERB		4. 2 N	4, 2 NAME						
STREET ADDRESS	6233 SAM	N JOSE BLVD			4.3 S	REET	ADDRESS	•			
CITY-ST-ZIP	JACKSON	VILLE FL			4.4 C	TY-S	T-ZIP				
TITLE				DELETE	5.1 Tí	TLE				Change	Addition
NAME					5.2 N	AME)			/ 1	_]]
STREET ADDRESS					5.3 S	IREET	ADDRESS		_/	12:	214
CITY-ST-ZIP				1 05.55			T-ZIP			1, -	<u> </u>
TITLE				☐ DELETE	6.1 TI			ogogogog		Change	
NAME					6.2 N			-02/06/970105	;80;	26	
STREET ADDRESS	1				6.3 S	TREET	ADDRESS	安全安保1 原原			

6.4 CITY - ST - ZIP 14. I do 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.

***61.25