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Apr 30 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 # **704177** **(5)**

1. Corporation Name

JIMMIE DOBBS REVIVALS AND PAXON REVIVAL CENTER C HURCH, INC.

Principal Place of Business	Mailing Address
5461 COMMONWEALTH AVE POST OFFICE BOX 6118 JACKSONVILLE FL 32205	5461 COMMONWEALTH AVE POST OFFICE BOX 6118 JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: 06/15/1962

4. FEI Number: 59-2149453 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 5461 Commonwealth Ave	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FLA	City & State 28
Zip 24 32254 Country 25	Zip 29 32254 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	10. Name and Address of New Registered Agent
FEREBEE, DAVID B 503 EAST MONROE STREET JAX FL 32201	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	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOBBS, STEVE		1.2 NAME		
STREET ADDRESS	1358 BULLS BAY HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, REBECCA G		2.2 NAME		
STREET ADDRESS	~~6419 KENNY RD~~		2.3 STREET ADDRESS	11607 Royal Fern Ln	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		2.4 CITY-ST-ZIP	Orange Park FLA 32073	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOBBS,STEVE		3.2 NAME		
STREET ADDRESS	1358 BULLS BAY HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, REBECCA GAIL		4.2 NAME		
STREET ADDRESS	6419 KENNY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEE, GLENDA E.		5.2 NAME		
STREET ADDRESS	1848 N. LAURA ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DEBBIE D		6.2 NAME		
STREET ADDRESS	1452 BULLS BAY HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: X _____