

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704506** (5)
1. Corporation Name
NORMANDY PARK BAPTIST CHURCH INCORPORATED

Principal Place of Business 7050 NORMANDY BLVD JACKSONVILLE FL 32205-6206	Mailing Address 7050 NORMANDY BLVD JACKSONVILLE FL 32205-6206
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3. Date Incorporated or Qualified 09/10/1962	3a. Date of Last Report 02/19/1996
4. FEI Number 59-0992480	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**TIDWELL, JOSEPH P
6945 CHERBOURG AVE N
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

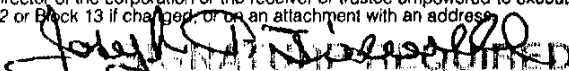
DATE

12. OFFICERS AND DIRECTORS	
TITLE	P ☐ DELETE
NAME	TIDWELL, JOSEPH P
STREET ADDRESS	6945 CHERBOURG AVE N
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V ☐ DELETE
NAME	BRADLEY, REESE C.
STREET ADDRESS	8154 RAYMOND ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D ☐ DELETE
NAME	PUGH, JOHN
STREET ADDRESS	9107 GLENEAGLE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD ☐ DELETE
NAME	ALLEN, JOEL H
STREET ADDRESS	8459 PEDDLE STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D ☐ DELETE
NAME	KIMBALL, GARY
STREET ADDRESS	5827 CORVAIR AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

904.781-3000

Date

Daytime Phone 0004636

CR2E037 (9/96)