FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90197 021 ****61.25

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DOCUMENT # 704506

1. Corporation Name

NORMANDY PARK BAPTIST CHURCH INCORPORATED

433790 - 90197 - 21

Principal Place of Business	Mailing Address
7050 NORMANDY BLVD JACKSONVILLE FL 32205-6206	7050 NORMANDY BLVD JACKSONVILLE FL 32205-6206

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/10/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0992480 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TIDWELL, JOSEPH P 6945 CHERBOURG AVE N JACKSONVILLE FL 32205	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	TIDWELL, JOSEPH P	1.2 NAME		
STREET ADDRESS	6945 CHERBOURG AVE N	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	V ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, R	2.2 NAME		
STREET ADDRESS	10428 CRYSTAL SPGS RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32221	2.4 CITY-ST-ZIP		
TITLE	D ☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	MORRIS, R	3.2 NAME	King, David	
STREET ADDRESS	1350 PROTSIDE DR	3.3 STREET ADDRESS	1433 Paulk Lane	
CITY-ST-ZIP	ORANGE PK FL 32013	3.4. CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE	SD ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JOEL H	4.2 NAME		
STREET ADDRESS	8459 PEDDLE STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KIMBALL, GARY	5.2 NAME		
STREET ADDRESS	5627 CORVAIR AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 4/22/99 904 781-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #