

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 711924 (1)

1. Corporation Name
JACKSONVILLE BAPTIST ASSOCIATION, INC.



Principal Place of Business 2700 UNIVERSITY BLVD., S. JACKSONVILLE FL 32216 US	Mailing Address 2700 UNIVERSITY BLVD., S. JACKSONVILLE FL 32216-2557 US
--	---

3. Date Incorporated or Qualified 12/08/1966	3a. Date of Last Report 09/23/1996
--	--

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

4. FEI Number 59-0901571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROWE, P. RONALD
2700 UNIVERSITY BLVD., S.
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

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: *[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	TD	<input type="checkbox"/> DELETE
NAME	POPE, ELLIS	
STREET ADDRESS	2700 UNIVERSITY BLVD., S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TURNER, HENRY S	
STREET ADDRESS	2700 UNIVERSITY BLVD., S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SEGREST, ROBERT W	
STREET ADDRESS	2700 UNIVERSITY BLVD., S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VD	<input checked="" type="checkbox"/> DELETE <i>Change Spelling</i>
NAME	HENSONT, RONALD V	
STREET ADDRESS	2700 UNIVERSITY BLVD., S.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Change Spelling</i>
4.2 NAME	VD HENSON, RONALD V
4.3 STREET ADDRESS	2700 UNIVERSITY BLVD S
4.4 CITY-ST-ZIP	Jacksonville, FL 32216
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]* **03/31/97** **904-227-6802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005537

CR2E037 (9/96)