FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra Pr Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

JACKSONVILLE BAPTIST ASSOCIATION, INC.										
Principal Place	e of Business	Mailing Address	Mailing Address				1 198111 18491 11841 11819 18114 11811 8191 819		IIMIE MINIE IMPE	
2700 UNIVERSI JACKSONVILLE US		2700 UNIVERSITY BLVD S. JACKSONVILLE FL 32216 US			}	3. Date Incorporated or Qualified 12/08/1966 4. FEI Number Applied For				
							59-0901571		ot Applicable	
2. Principal P	lace of Business	⊢¬ *	2a. Mailing Address				5. Certificate of Status Desired	\$8.75	Additional equired	
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	е	City & State	├ ─ '				7. Is this nonprofit corporation a homeov		on?	
23		28				\longrightarrow	☐ Yes ☒ No			
Zip	Country	Zip	30 Cour				This corporation owes or has paid the Personal Property Tax due June 30.			
24	25 9. Name and Address of Curr	29 rent Registered Agent	[30]	<u> </u>			10. Name and Address of New Register			
	<u> </u>			B1	Name					
ROWE	P. RONALD				04	A -1-4	(O.O. Barrish as in Mar Accounts has		-	
2700 UNIVERSITY BLVD., S.				82 Street Address (P.O. Box Number is N			is (P.O. Box Number is Not Acceptable)			
	NVILLE FL 32216			В3						
				84	City			85 Zip	Code	
		500 1013 1500 EU /	1. 0	Ш				FL T	to registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida etabutes, 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.										
agent. I a	m familiar with, and accept the obi	igations of Section 637.	0508, Florida St	atutes	S.		,	1/2/00	,	
SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE: Registe	red Age	nt signature	required	when reinstating) DA	1/2/98		
12.		AND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	TD				1.1 TITLE			Change	Addition	
NAME	POPE, ELLIS		1.2	NAME						
STREET ADDRESS 2700 UNIVERSITY BLVD., S.		λ.	1.3	1.3 STREET ADDRESS						
CITY-ST-2IP	JACKSONVILLE FL 32216			CITY-S	T-ZIP			<u> </u>	- 14 x 490 x	
TITLE	SD DELETE			2.1 TITLE				L Change	☐ Addition	
NAME	TURNER, HENRY S	•			2.2 NAME					
STREET ADDRESS	2700 UNIVERSITY BLVD., S	i.			ADORESS					
CITY-ST-ZIP	JACKSONVILLE FL 32216	∑ DE		I CITY - S TITLE	ST-ZIP	40		Change	Addition	
TITLE NAME	SEGREST, ROBERT W			NAME		11-1	NCAN. RON	change	Acronion	
STREET ADDRESS	2700 UNIVERSITY BLVD., S	•			ADDRESS	2.7	DO UNIVERSITY BLUD S.			
CITY-ST-ZIP	JACKSONVILLE FL 32216	•		. CITY-S		JAC	KSONVILLE FC 32216			
TITLE	VD	X DE		TITLE	/· E.	VD		Change	Addition	
NAME	HENSON, RONALD V			NAME		1 -	ID HILL			
STREET ADDRESS	2700 UNIVERSITY BLVD., S) ,	4.3	STREET	ADDRESS	27	00 UNIVERSITY BLUDS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-S	T-ZIP	JAC	KSONULLE FL 32214			
TITLE		☐ DE	LETE 5.1	TITLE				☐ Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY - ST - ZIP				CITY-S	T-ZIP	L		· · · · · · · · · · · · · · · · · · ·	— • • • • • • • • • • • • • • • • • • •	
TITLE		□ DE		TITLE				☐ Change	Addition	
NAME				NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
0.70/ 0.5 5-0			= ^ 4	DITU O	T 710 1					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 727 6800

FILED

May 15 1998 8:00am

Secretary of State