NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711924

1. Corporation Name

JACKSONVILLE BAPTIST ASSOCIATION, INC.

Principal Place of Business	١
2700 UNIVERSITY BLVD S. JACKSONVILLE FL 32216 US	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

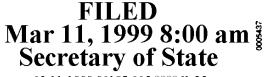
2a. Mailing Address

Suite, Apt. #, etc.

2700 UNIVERSITY BLVD., S. JACKSONVILLE FL 32216

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03-11-1999 90187 005 ****61.25

 Date incorporated or Qualifed
 12/08/1966

4. FEI Number

59-0901571

22			27						28-080 I24	/ I				Not A	pplicable	
	City & State	& State City & State						5.	Certifcate of	Status Desi	ired [<u>.</u>	\$8.75 Fee			
23			28	7:-	Country			6. Election Campaign Financing					\$5.00 May Be			
_	Zip	Country	\vdash	Zip	'	,		0.	Trust Fund C		ncing [ع.u Adde			
24		25 29 30						40	Name and A		Now Box	letered A		u io r	ees	
		9. Name and Address of Curren	81	1 6	lame	10.	Name and A	CODIESS OF	Mem Lea	ipteien v	Agur					
					"	"	varne									
ROWE, P. RONALD							treet Add	ress (P	O. Box Num	ber is Not A	cceptable	1)				
2700 UNIVERSITY BLVD., S.						<u> </u>										
	JACKSON'	VILLE FL 32216			83	Ί.			•							
				84	1	City			-	-	P.I	85 Zi	o Coc	ie		
							=					<u>FL</u>	لل			
11	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 applications of applications of applications.															
	agent. I as	m familiar with, and secept the obligat	ions of	892tion 617.0503, Flori	da Statutes	3.	Corporati	J., U DU	,a.a o. a					•		
61	GNATURE	- 11- H	7								318	199				
5		Signature, typed or printed name of registered agen	t and title i	f applicable. (NOTE: I	Registered Age	nt siç	nature require				7 7	DATE	- DIDEO	TOD	N (N) 40	
12		OFFICERS AN	D DIRE		13.				ADDITIONS/C	MANGES 1	OFFIC	EKS ANI				
тп	ᄕ	TD		☐ DELETE	1.1 TITLE								☐ Chang	e	☐ Addition	
NA	ME	Pope, Ellis	ope, ellis													
STF	REET ADDRESS	ETADDRESS 2700 UNIVERSITY BLVD., S.			1.3 STREET ADDRESS											
СП	Y-ST-ZIP	JACKSONVILLE FL 32216			1.4 CITY-ST-ZIP		Р								- 4 0.5	
ΤΠ	LE			2.1 TITLE		1						Chang	е	Addition		
NAM	ME	HENSON, RON		_	2.2 NAME	_	ا مرـ									
STF	REET ADDRESS	2700 UNIVERSITY BLVD S	_	-	2.3 STREE	TAD	ORESS								ĺ	
СП	Y-ST-ZIP	JACKSONVILLE FL 32216			2.4 CITY-ST-ZIP											
тпп	LE	VD		☐ DELETE	3.1 TITLE		-						Chang	e	☐ Addition	
NA	ME	HILL, DAVID			3.2 NAME		ł									
STF	REET ADDRESS	2700 UNIVERSITY BLVD S			3.3 STREE	T AD	ORESS									
CFT	Y-ST-ZIP	JACKSONVILLE FL 32216			3.4. CITY-5	ST-Z	IP .									
ТΙΠ	LE			☐ DELETE	4,1 TITLE								☐ Chang	9	Addition	
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NAI	ME				5.2 NAME							_		•		
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CIT	Y-ST-ZIP				5.4 CITY- S	ST-Z	IP									
TIT	LE			☐ DELETE	6.1 TITLE		1						Chang	e	☐ Addition	
NA	ME				6.2 NAME											
STF	REET ADDRESS				6.3 STREE	TAD	ORESS									
СП	Y-ST-ZIP				6.4 CITY-S	ST-Z	IP									

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 off an attachment with an address) with all other like empowered.

SIGNATURE:

Daytime Phone #

Applied For

Not Applicable