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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711962

1. Corporation Name

ISLAND VIEW BAPTIST CHURCH, INC.

Principal Place of Business

900 PARK AVENUE
 ORANGE PARK FL 32073

Mailing Address

900 PARK AVENUE
 ORANGE PARK FL 32073



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/16/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1310919

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METCALF, JANET
2851 BIRCHWOOD DR
ORANGE PARK FL 32073

81 Name
WESTBERRY, Douglas

82 Street Address (P.O. Box Number is Not Acceptable)
3648 Waterside Drive

83

84 City
Orange Park

FL

85 Zip Code
32065

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

Douglas A. Westberry

Chairman, Trustees

4-8-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE
 NAME **SNIDER, CLARENCE L**
 STREET ADDRESS **632 SAN ROBAR DR**
 CITY-ST-ZIP **ORANGE PARK FL**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
 NAME **ECKLES, EVALYNE**
 STREET ADDRESS **1106 LAKE ASBURY DR**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

2.1 TITLE **D** ☐ Change ☒ Addition
 2.2 NAME **WILHARM, Betty**
 2.3 STREET ADDRESS **7402 Ortega Hills Drive**
 2.4 CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE **D** ☐ DELETE
 NAME **TREADWAY, GENE**
 STREET ADDRESS **2334 STAFFORD DR**
 CITY-ST-ZIP **ORANGE PARK FL**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
 NAME **ZACHARIAS, ROBERT J**
 STREET ADDRESS **5564 FORREST DRIVE**
 CITY-ST-ZIP **ORANGE PARK FL**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **WESTBERRY, DOUGLAS**
 STREET ADDRESS **3648 WATERSIDE DR**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

5.1 TITLE **DP** ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
 NAME **EASON, MARY**
 STREET ADDRESS **5024 PINE AVENUE**
 CITY-ST-ZIP **ORANGE PARK FL**

6.1 TITLE **DVP** ☐ Change ☒ Addition
 6.2 NAME **DEITMER, Ron**
 6.3 STREET ADDRESS **2756 Connie Circle**
 6.4 CITY-ST-ZIP **Orange Park, FL 32073**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 904/2646411

CR2E037_(11/98)