

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90075 001 ****61.25

DOCUMENT # 714086

1. Corporation Name

**THE NORTSHORE PRESBYTERIAN CHURCH OF JACKSONVIL
LE, FLORIDA**

Principal Place of Business

**7700 PEARL ST
JACKSONVILLE FL 32208**

Mailing Address

**7700 PEARL ST
JACKSONVILLE FL 32208**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

02/12/1968

4. FEI Number

59-1274418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HAYNES, FRANK
1776 CHESTER RD
YULEE FL 32097**

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

Frank Haynes
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 **D** ☐ DELETE
NAME **HAYNES, F M**
STREET ADDRESS **1776 CHESTER RD**
CITY-ST-ZIP **YULEE FL 32097**

TITLE **STD** ☐ DELETE
NAME **HILLARD, ERVIN**
STREET ADDRESS **11464 AVERY DR**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☒ DELETE
NAME **MCCLAIN, L**
STREET ADDRESS **602 TALLULAH AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ DELETE
NAME **D**
STREET ADDRESS **D**
CITY-ST-ZIP **D**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **D**
CITY-ST-ZIP **D**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **D**
CITY-ST-ZIP **D**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Fred Hamrick**
4.3 STREET ADDRESS **11344 Avery Dr.**
4.4 CITY-ST-ZIP **Jacksonville, FL 32218**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **D**
6.4 CITY-ST-ZIP **D**

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:

Frank Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037-11/98