

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717510 (2)

1. Corporation Name
HEAVENLY HEIGHTS BAPTIST CHURCH, INC.



Principal Place of Business: 6680 DUNN AVENUE JACKSONVILLE FL 32218
Mailing Address: 6680 DUNN AVENUE JACKSONVILLE FL 32218

3. Date Incorporated or Qualified: 11/06/1969
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-1378573
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECK, SIDNEY
RT. 3, BOX 1536 RATLIFF RD.
CALLAHAN FL 32011

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENNETT, D.A.	
STREET ADDRESS	RT. 1, BOX 1099	
CITY - ST - ZIP	BRYCEVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, WILLIAM, H	
STREET ADDRESS	RT. 3, BOX 1474	
CITY - ST - ZIP	CALLAHAN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENNETT, G.	
STREET ADDRESS	10357 PLUMMER ROAD	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECK, S.E.	
STREET ADDRESS	RT. 3 BOX 1536	
CITY - ST - ZIP	CALLAHAN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PATTERSON, J D	
STREET ADDRESS	3381 SUNNYBROOK AVE. S.	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTS, D.C.	
STREET ADDRESS	2725 LEONID ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sidney E. Beck sidney E. Beck 1/20/96 904-764-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)