

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **737078** (6)

1. Corporation Name

**METROPOLITAN COMMUNITY CHURCH OF JACKSONVILLE, I NC.**



Principal Place of Business

Mailing Address

126 EAST 7TH STREET  
JACKSONVILLE FL 32206-4510

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JACKSONVILLE FL 32206-4510

3. Date Incorporated or Qualified  
**10/20/1976**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1140 South McDuff Avenue**

26 **1140 South McDuff Avenue**

4. FEI Number

**59-2424920**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

**Jacksonville, FL**

27 City & State

**Jacksonville, FL**

24 Zip

**32205**

25 Country

**U.S.A.**

29 Zip

**32205**

30 Country

**U.S.A.**

9. Name and Address of Current Registered Agent

**MINETTE, THOMAS B  
1206 N. LAURA ST.  
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name

**Reverend Frankye A. White**

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

**343 West Fifth Street**

83

84 City

**Jacksonville,**

**FL**

85 Zip Code

**32206**

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 617.0303, Florida Statutes.

SIGNATURE

*Rev. Frankye A. White*

**April 25, 1996**

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	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>MINETTE, THOMAS B</b>
STREET ADDRESS	<b>1206 N. LAURA ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ABERNATHY, DORI A</b>
STREET ADDRESS	<b>7719 ARBLE DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHENS, VLADAMIR</b>
STREET ADDRESS	<b>14070 TONTINE RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BOCHER, DIANE</b>
STREET ADDRESS	<b>1018 LAMBOLL AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, STEPHEN</b>
STREET ADDRESS	<b>126 E. 18TH STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DPCM</b> <input type="checkbox"/> DELETE
NAME	<b>WHITE, FRANKYE A.</b>
STREET ADDRESS	<b>343 W. 5TH ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Rev. Frankye A. White*

**FRANKYE A. White**

**4/25/96 387-7726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)