

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**

**126 EAST 7TH STREET
JACKSONVILLE FL 32206-4510**



2. Principal Place of Business		2a. Mailing Address	
21	1140 South McDuff Avenue	26	1140 South McDuff Avenue
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Jacksonville, FL	28	Jacksonville, FL
Zip	Country	Zip	Country
24	32205 U.S.A.	29	32205 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/20/1976	04/21/1995
4. FEI Number	Applied For
59-2424920	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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINETTE, THOMAS B	1.2 NAME	
STREET ADDRESS	1206 N. LAURA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, DORI A	2.2 NAME	
STREET ADDRESS	7719 ARBLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, VLADAMIR	3.2 NAME	
STREET ADDRESS	14070 TONTINE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHER, DIANE	4.2 NAME	
STREET ADDRESS	1018 LAMBOLL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STEPHEN	5.2 NAME	
STREET ADDRESS	126 E. 18TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DPCM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, FRANKYE A.	6.2 NAME	
STREET ADDRESS	343 W. 5TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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:

Rev. Frankye A. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKYE A. White 4/25/96 (904) 387-7726

Date

Daytime Phone #

CR2E037 (12/95)