


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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11/0001

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737445

1. Corporation Name
WEST JACKSONVILLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE FLORIDA, INC.

Principal Place of Business 3838 FIRESTONE ROAD JACKSONVILLE FL 32210	Mailing Address 3838 FIRESTONE ROAD JACKSONVILLE FL 32210
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/07/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2695894
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HALL, GARY L. 3838 FIRESTONE ROAD JACKSONVILLE FL 32210		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTS, ANANIAS	1.2 NAME	D
STREET ADDRESS	7217 EUDINE DR.	1.3 STREET ADDRESS	POSTELL, KELVIN
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	2810 CANYON COURT, JAX., FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARY L.	2.2 NAME	
STREET ADDRESS	2204 CONSTITUTION DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GARY L.	3.2 NAME	
STREET ADDRESS	2204 CONSTITUTION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, MARY	4.2 NAME	
STREET ADDRESS	5642 CEDAR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **GARY L. HALL** SIGNATURE REQUIRED  Date _____ Daytime Phone # (904) 772-8833

CR2E037 (11/98)