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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758217

1. Corporation Name

BLACK CREEK BAPTIST ASSOCIATION, INC.

Principal Place of Business

C/O RON GEIGER
384 LOGAN AVENUE
ORANGE PARK FL 32065
US

Mailing Address

C/O RON GEIGER
384 LOGAN AVENUE
ORANGE PARK FL 32065
US



2. Principal Place of Business

21 **90 Rick Lawrence**

Suite, Apt. #, etc.

22 **384 Logan Avenue**

City & State

23 **ORANGE PARK FL**

Zip

24 **32065**

Country

25 **US**

2a. Mailing Address

26 **90 Rick Lawrence**

Suite, Apt. #, etc.

27 **384 Logan Avenue**

City & State

28 **ORANGE PARK FL**

Zip

29 **32065**

Country

30 **US**

3. Date Incorporated or Qualified

10/29/1981

4. FEI Number

59-1995366

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

**GEIGER, RON
384 LOGAN AVENUE
ORANGE PARK FL 32065**

10. Name and Address of New Registered Agent

81 Name

Lawrence, Rick

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

384 Logan Avenue

83

84 City

ORANGE PARK

FL

85 Zip Code

32065

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

Rick R Lawrence

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **FISH, RICHARD**
STREET ADDRESS **8635 MAXVILLE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ DELETE

NAME **WHITE JAMES**
STREET ADDRESS **2674 HENLEY RD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **ST** ☐ DELETE

NAME **CARTER, LINDA**
STREET ADDRESS **1711 CHAFFEE RD S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Fish, Richard**
1.3 STREET ADDRESS **8635 MAXVILLE BLVD**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32234**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Serry, Cesell**
2.3 STREET ADDRESS **2444 Jones Rd**
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32220**

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Linda Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

904 2721107

Daytime Phone #

CR2E037 (11/98)