

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **760847** (4)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA IN C.**



Principal Place of Business: **124 WEST ASHLEY STREET JACKSONVILLE FL 32202**  
Mailing Address: **124 WEST ASHLEY STREET JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified: **11/30/1981**  
3a. Date of Last Report: **06/14/1995**  
4. FEI Number: **59-0823939**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
Country: 29

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAVIS, MARSHALL  
SUITE 620, 233 E. BAY STREET  
JACKSONVILLE FL 32202**

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

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	VD	<input type="checkbox"/> DELETE
NAME	SOUND, A. C.	
STREET ADDRESS	3738 RIVER HALL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWAIN, WILLIAM R	
STREET ADDRESS	3713 TIMUCUA TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, MARSHALL D	
STREET ADDRESS	4130 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHORTON, JUDSON S	
STREET ADDRESS	5443 JOHN REYNOLDS DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STURGILL, NELSON	
STREET ADDRESS	2230 WINDING CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLOUNT, JOHN O.	
STREET ADDRESS	6264 RIVIERA LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>13746 Bromley Pointe Drive</b>
54 CITY-ST-ZIP	<b>Jacksonville, FL 32225</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *William R. Swain* **William R. Swain** 2/7/96 (904) 396-3724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)