


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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760847 (4)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA IN C.**



Principal Place of Business <b>124 WEST ASHLEY STREET JACKSONVILLE FL 32202</b>	Mailing Address <b>124 WEST ASHLEY STREET JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>11/30/1981</b>	
4. FEI Number <b>59-0823939</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD Tr</b>	NAME <b>SOUD, A. C.</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3738 RIVER HALL DRIVE</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 00000 32217-4243</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>PD PTr</b>	NAME <b>SWAIN, WILLIAM R</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3713 TIMUCUA TRAIL</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 00000 32277-2251</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>SD STr</b>	NAME <b>DAVIS, MARSHALL D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4130 MCGIRTS BLVD.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210-4362</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>FD TTr</b>	NAME <b>WHORTON, JUDSON S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5443 JOHN REYNOLDS DRIVE</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 00000 32277-1741</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>SD Tr</b>	NAME <b>STURGILL, NELSON</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13746 BROMLEY POINTE DR</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 00000 32225</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>FD TTr</b>	NAME <b>BLOUNT, JOHN O.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6264 RIVIERA LANE</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 00000 32216-2522</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

5.5 NAME	
5.6 STREET ADDRESS	
5.7 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Judson S. Whorton* **1/14/98** **(904) 366-1221**

CRE037 (10/97)