


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90040 040 ****61.25

0003824

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

DOCUMENT # 760847

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/30/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0823939
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		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	
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	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	VTR INGOZDSY JAMES H	1.1 TITLE	← INGOZDSY, JAMES H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	505 LANASTER ST #9 A-B	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32204 72204	1.3 STREET ADDRESS	505 LANASTER STREET #9 A-B
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STR HARRISON ROBERT C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4278 LA LOSA DRIVE	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32217-4641	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD STR DAVIS, MARSHALL D	3.1 TITLE	← TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4130 MCGIRT'S BLVD.	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32210-4362	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD TTR WHORTON, JUDSON S	4.1 TITLE	← TITLE + ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5443 JOHN REYNOLDS DRIVE	4.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 32277-1341	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD STURGILL, NELSON	5.1 TITLE	PTR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13746 BROMLEY POINTE DR	5.2 NAME	SWAN, WILLIAM R.
STREET ADDRESS	JACKSONVILLE, FL 32225	5.3 STREET ADDRESS	3713 TIMUCUA TRAIL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277-2251
TITLE	TTR BLOUNT, JOHN O.	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6264 RIVIERA LANE	6.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 32216-2532	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	← 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: Judson S. Whorton SIGNATURE REQUIRED 1/6/99 (904) 268-1221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)