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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 768593

1. Corporation Name

NORTH FLORIDA DISTRICT OF THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC.

Principal Place of Business

4600 MIDDLETON PARK CIR E
APT B-309
JACKSONVILLE FL 32224
US

Mailing Address

4600 MIDDLETON PARK CIR E
APT B-309
JACKSONVILLE FL 32224
US



* 6 8 4 5 3 1 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/23/1983

4. FEI Number

59-2490823

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

LAVERY, CAROL D
4600 MIDDLETON PARK CIR E
APT B-309
JACKSONVILLE FL 32224

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

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 D ☐ DELETE
NAME POOLEY, BETH
STREET ADDRESS 123 SALANO CAY CRADO
CITY-ST-ZIP PONTE VERDE BEACH FL 32082

TITLE VPD ☐ DELETE
NAME WILLIAMS, COLEY REV
STREET ADDRESS 1340 E 4TH ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE TD ☐ DELETE
NAME LAVERY, CAROL D
STREET ADDRESS 4600 MIDDLETON PARK CIR E, APT B-309
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE SD ☐ DELETE
NAME RUKAB, PRISCILLA
STREET ADDRESS 6859 BAKERFIELD DR
CITY-ST-ZIP JACKSONVILLE FL 32218

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 Rev. Coley Williams
1.3 STREET ADDRESS 1340 E 4th St.
1.4 CITY-ST-ZIP Jacksonville, FL 32206

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME No one
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/99

904-992-4874

CR2E037 (11/98)