

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:00

DOCUMENT # **N11629** (5)

1. Corporation Name  
**EPIPHANY BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**663 S. MCDUFF AVE. JACKSONVILLE FL 32205**      **663 S. MCDUFF AVE. JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/17/1985</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>59-2588219</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CRAWFORD, JAMES L.  
3325 RIBAUT SC. DR.  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<b>CRAWFORD, JAMES L. 3325 RIBAUT SC DR JACKSONVILLE FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<b>ANDREWS, OSCAR, SR. 1967 LEONARD CT. JACKSONVILLE FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>CC</b>	<b>FLOYD, LOLA 5273 CLEVELAND RD JACKSONVILLE FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>CSD</b>	<b>CRAWFORD, MAE 3325 RIBAUT SC DRIVE JACKSONVILLE FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DAT</b>	<b>GRIMES, DERICK 8275 YOLONDA CT. JACKSONVILLE FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DP</b>	<b>FIELDS, EDWARD, JR. 2727 KING COLE DR. JACKSONVILLE FL</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(3)(A), 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 in an attachment with an address.

SIGNATURE: *James Crawford* **JAMES L. CRAWFORD** 2/23/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System 1995)