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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N14742**

1. Corporation Name
JESUS CHRIST COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2069 N. MARKET STREET JACKSONVILLE FL 32206	2069 N. MARKET STREET JACKSONVILLE FL 32206

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/06/1986

4. FEI Number
59-2797800
☐ Applied For
☐ Not Applicable

5. Certifcate 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

GAILYARD, KAREN H.
~~5350 ARLINGTON EXPRESSWAY~~
~~#3005~~
JACKSONVILLE FL ~~32211~~

10. Name and Address of New Registered Agent

81 Name GAILYARD, KAREN H.
82 Street Address (P.O. Box Number is Not Acceptable) 6402 SIERRA DRIVE
83 JACKSONVILLE
84 City FL 85 Zip Code 32244

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	ASS	☒ DELETE	1.1 TITLE	ASS	☒ Change ☐ Addition
NAME	HARLEY, KENDRICK		1.2 NAME	GAILYARD, SHIRLEY	
STREET ADDRESS	JEROME AVE.		1.3 STREET ADDRESS	7219 BAILEY CT.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAILYARD, REV. SAMUEL E.		2.2 NAME		
STREET ADDRESS	7219 BAILEY CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST-ZIP		
TITLE	SSTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAILYARD, LINDA		3.2 NAME		
STREET ADDRESS	1591 LANE AVENUE S., #36T		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	HT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAILYARD, SOLOMON		4.2 NAME		
STREET ADDRESS	1591 LANE AVENUE S., #36T		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	~~CD~~	☐ DELETE	5.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	GAILYARD, KAREN H.		5.2 NAME		
STREET ADDRESS	5350 ARLINGTON EXPRESSWAY #3005		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIP		
TITLE	SSTD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, BARBARA		6.2 NAME		
STREET ADDRESS	9634 SPOTTSWOOD RD. W.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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] [illegible] 4-4-99 (904)765-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #