

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49906** (3)

1. Corporation Name

**RUSSELL BAPTIST CHURCH, INC.**

Principal Place of Business

**2299 SANDRIDGE ROAD  
GREEN COVE SPRINGS FL 32043**

Mailing Address

**2299 SANDRIDGE ROAD  
GREEN COVE SPRINGS FL 32043-9599**

3. Date Incorporated or Qualified  
**07/15/1992**

3a. Date of Last Report  
**03/18/1996**

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

4. FEI Number

**59-1592810**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, RONALD L.  
2299 SANDRIDGE ROAD  
GREEN COVE SPRINGS FL 32043**

**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

*Mary Jane Payne*  
Signature, type or print name of registered agent and title if applicable

*Secretary/ Clerk*  
(Not a Registered Agent signature required when reinstating)

*1/8/97*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, CHARLES</b>	
STREET ADDRESS	<b>2723 POINSETTA</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HALEY, JOE</b>	
STREET ADDRESS	<b>514 HIGHLAND AVE.</b>	
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, JOHN</b>	
STREET ADDRESS	<b>4174 EVERETT AVE</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRIGS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, WAYNE</b>	
STREET ADDRESS	<b>3594 ED'S COURT</b>	
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGLUND, RANDY</b>	
STREET ADDRESS	<b>4604 GOPHER STREET</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do 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.

*Mary Jane Payne*  
Signature, type or print name of registered agent and title if applicable

CR2E037 (9/96)