

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003977 (2)**

1. Corporation Name

CELEBRATION BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**6999-02 MERRILL RD
JACKSONVILLE FL 32277**

**6999-02 MERRILL RD
JACKSONVILLE FL 32277**

2. Principal Place of Business

2a. Mailing Address

21 8195 Arlington Expressway
Suite, Apt. #, etc.

26 8195 Arlington Expressway
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Jacksonville, FL

28 Jacksonville, FL

24 32211 Country **25 USA**

29 32211 Country **30 USA**

9. Name and Address of Current Registered Agent

**SHEPPARD, LEE M
7722 LEESBURG DR S
JACKSONVILLE FL 32277**

3. Date Incorporated or Qualified

07/10/1997

4. FEI Number

59-3461547

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P D** ☐ DELETE
NAME **SHEPPARD, LEE M**
STREET ADDRESS **7722 LEESBURG DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V D** ☐ DELETE
NAME **KYLE, FRED**
STREET ADDRESS **1448 PANTHER RUN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S D** ☐ DELETE
NAME **UNKELBACH, BETH**
STREET ADDRESS **6317 WUTHERING HEIGHTS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T D** ☐ DELETE
NAME **DAVIS, STANLEY**
STREET ADDRESS **5491 FT CAROLINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

Lee M. Sheppard

04/23/98

904/723-3040

CP2E037 (10/97)