


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000005320 (3)
 1. Corporation Name
EXODUS MISSIONARY BAPTIST CHURCH, INC.



| | |
|--|--|
| Principal Place of Business 4042 BALD EAGLE LANE JACKSONVILLE FL 32257 | Mailing Address 4042 BALD EAGLE LANE JACKSONVILLE FL 32257 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/18/1997 | |
| 4. FEI Number 59-3466548 | Applied For <input type="checkbox"/> Not Applicable |

| | | | |
|---|---|-------------------------|-----------------------------|
| 21. Principal Place of Business 1435 WEST STATE ST. | 2a. Mailing Address 1435 WEST STATE ST. | | |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | | |
| 23. City & State JAX, FL | 28. City & State JAX, FL | | |
| 24. Zip 32209 | 25. Country U.S.A | 29. Zip 32209 | 30. Country U.S.A |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**ODOM, CARL W JR
 4042 BALD EAGLE LANE
 JACKSONVILLE FL 32257**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | TREASURER |
| STREET ADDRESS | | 1.3 STREET ADDRESS | ANGELA GAHAM |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | 639 STAFFORDSHIRE DR. EAST JAX, FL 32225 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | PRESIDENT |
| STREET ADDRESS | | 2.3 STREET ADDRESS | CARL ODOM, JR. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | 4042 BALD EAGLE LN JAX FL 32257 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | SECRETARY |
| STREET ADDRESS | | 3.3 STREET ADDRESS | SOMAZ WILLIAMS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 451 MONUMENT RD #1118 JAX FL 32225 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | TRUSTEE |
| STREET ADDRESS | | 4.3 STREET ADDRESS | CHARLES COLLINS #3 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 347 W. 11TH ST JAX, FL 32206 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | TRUSTEE |
| STREET ADDRESS | | 5.3 STREET ADDRESS | MARY BROWN |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 4715 UNIVERSITY N. JAX, FL 32277 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | TRUSTEE |
| STREET ADDRESS | | 6.3 STREET ADDRESS | EDGAR JENKS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | 1555 W. 23RD ST JAX FL 32206 |

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: _____ DATE: _____

CFR2E037 (10/97)