


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90016 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000247**

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

Principal Place of Business 2842 MARS AVENUE JACKSONVILLE FL 32206	Mailing Address 2842 MARS AVENUE JACKSONVILLE FL 32206
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3501812
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent  CANTY, EULA 2835 MARS AVE. JACKSONVILLE FL 32206	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
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENRY, JAMES		1.2 NAME	
STREET ADDRESS 3132 MARLAND STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, JESSE		2.2 NAME	
STREET ADDRESS 9050 NORFOLK BLVD. #308		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTLER, BERNARD		3.2 NAME	
STREET ADDRESS 1322 FRANKLIN STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32206		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSH, WILLIE		4.2 NAME	
STREET ADDRESS 535 GOLFAIR BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32206		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANTY, EULA		5.2 NAME	
STREET ADDRESS 2835 MARS AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32206		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, JOYCE		6.2 NAME	
STREET ADDRESS 11762 MALLARD LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32206		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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-27-99  
 Daytime Phone #: 904 (354-8186) / 356-5254

CR2E037 (1/98)