

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **764413** (1)

1. Corporation Name

**JACKSONVILLE, FLORIDA, BIG O CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BA**



Principal Place of Business

Mailing Address ~~P.O. Box~~

**3660 SPRING PARK RD.  
JACKSONVILLE FL 32207**

**3660 SPRING PARK RD.  
JACKSONVILLE FL 32207**

**Southside Baptist Church**

3. Date Incorporated or Qualified  
**08/04/1982**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

**21 Southside Baptist Church**

**26 P.O. Box 5976**

4. FEI Number  
**59-1981228**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 1435 ATLANTIC BLVD**

**27**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

**23 JACKSONVILLE, FL**

**28 JACKSONVILLE, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**24 32207**

**25**

**29 32247**

**30**

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

**ELEFANT, FRED  
1650 PRUDENTIAL DR.  
JACKSONVILLE FL 32207**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD RYDER, DON**  
STREET ADDRESS **11640 WELLINGTON WAY**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **PD PROTOR, DAN**  
STREET ADDRESS **734 10TH STREET N**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **SD KNOWLES, GEORGE**  
STREET ADDRESS **241 PABLO RD**  
CITY - ST - ZIP **PONTE VEDRA FL**

TITLE ☐ DELETE

NAME **PD FRANKHOUSER, SAM**  
STREET ADDRESS **8729 LEPREZHAN COURT**  
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**32223**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**32082**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Samuel E. Frankhouser**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/96 904-954-2227**

CR2E037 (12/95)