

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 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 # **760847** (4)
1. Corporation Name
FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA IN C.

Principal Place of Business 124 WEST ASHLEY STREET JACKSONVILLE FL 32202	Mailing Address 124 WEST ASHLEY STREET JACKSONVILLE FL 32202
--	--

3. Date Incorporated or Qualified 11/30/1981	
4. FEI Number 59-0823939	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

5. Certificate of Status Desired <input 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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DAVIS, MARSHALL
SUITE 620, 233 E. BAY STREET
JACKSONVILLE FL 32202**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tr SOUD, A. C. 3738 RIVER HALL DRIVE JACKSONVILLE, FL 00000 32217-4243 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PTr SWAIN, WILLIAM R 3713 TIMUCUA TRAIL JACKSONVILLE, FL 00000 32277-2251 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STr DAVIS, MARSHALL D 4130 MCGIRTS BLVD. JACKSONVILLE FL 32210-4362 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TTr WHORTON, JUDSON S 5443 JOHN REYNOLDS DRIVE JACKSONVILLE, FL 00000 32277-1341 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tr STURGILL, NELSON 13746 BROMLEY POINTE DR JACKSONVILLE, FL 00000 32225 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TTr BLOUNT, JOHN O. 6264 RIVIERA LANE JACKSONVILLE, FL 00000 32216-2532 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> CHANGE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VTr INGOLDSBY, JAMES H. 505 LANCASTER STREET #9A-B JACKSONVILLE, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STr HARRISON, ROBERT C. 4238 LA ROSA DRIVE JACKSONVILLE, FL 32217-4641 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judson S. Whorton* 1/14/98 (904) 366-1221

CR2E037 (10/97)