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FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N51203** (0)  
1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH OF THE BEACHES, INC.**



Principal Place of Business Mailing Address  
**2125 OCEAN FRONT** **2125 OCEAN FRONT**  
**NEPTUNE BEACH FL 32266** **NEPTUNE BEACH FL 32266**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

**10/08/1992**

4. FEI Number

**59-1165595**

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

9. Name and Address of Current Registered Agent

**HIBBARD, JOHN E.**  
**2125 FIRST ST**  
**NEPTUNE BEACH FL 32266**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HIBBARD, JOHN E.</b>	
STREET ADDRESS	<b>2125 FIRST ST</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOLLY, LETTY</b>	
STREET ADDRESS	<b>2034 SHADOW LN</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, CHARLES</b>	
STREET ADDRESS	<b>13682 WM DAVIS PARKWAY W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAYWOOD, DALE</b>	
STREET ADDRESS	<b>1810 LIGHTY LANE</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLS, GEORGE</b>	
STREET ADDRESS	<b>1100 N 11TH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S</b>
2.3 STREET ADDRESS	<b>Melissa DeLoach</b>
2.4 CITY-ST-ZIP	<b>509 Upper 8th Ave. S</b> <b>Jacksonville Beach, FL 32250</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>W. F. Fogg, III</b>
4.4 CITY-ST-ZIP	<b>99 Orange Street</b> <b>Neptune Beach, FL 32266</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of this report, or on an attachment with an address.

SIGNATURE:

JOHN E. HIBBARD 1/20/98 004/246 0010

CP2E037 (10/97)

PE.17

2006.25