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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90040 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760847

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/30/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0823939
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
30		

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTR	1.1 TITLE	INGOLDSON, JAMES H.
NAME	INGOLDSON, JAMES H.	1.2 NAME	
STREET ADDRESS	505 LANCASTER ST #9 A-B	1.3 STREET ADDRESS	505 LANCASTER STREET #9 A-B
CITY-ST-ZIP	JACKSONVILLE FL 32204 72204	1.4 CITY-ST-ZIP	
TITLE	STR	2.1 TITLE	
NAME	HARRISON ROBERT C	2.2 NAME	
STREET ADDRESS	4278 LA LOSA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217-4641	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	TITLE
NAME	DAVIS, MARSHALL D	3.2 NAME	
STREET ADDRESS	4130 MCGIRT'S BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210-4362	3.4 CITY-ST-ZIP	
TITLE	TTR	4.1 TITLE	TITLE + ZIP
NAME	WHORTON, JUDSON S	4.2 NAME	
STREET ADDRESS	5443 JOHN REYNOLDS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32277-1341	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	PTR
NAME	STURGILL, NELSON	5.2 NAME	SWAIN, WILLIAM R.
STREET ADDRESS	13746 BROMLEY POINTE DR	5.3 STREET ADDRESS	3713 TIMUCUA TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32225	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277-2251
TITLE	TTR	6.1 TITLE	
NAME	BLOUNT, JOHN O.	6.2 NAME	
STREET ADDRESS	6264 RIVIERA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216-2532	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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (904) 368-1221

Date

Daytime Phone #

CR2E037 (11/98)