

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 # 701593 (6)

1. Corporation Name

BELFORT ROAD BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**2950 BELFORT ROAD
JACKSONVILLE FL 32216**

**2950 BELFORT ROAD
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
10/25/1960

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2925841

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAZS, JULIUS J.
2950 BELFORT ROAD
JACKSONVILLE FL 32216**

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 the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☒ Addition

TITLE

P

NAME

**BLAZS, JULIUS J.
10575 LANGSLAND COURT
JACKSONVILLE FL**

11 TITLE

D

12 NAME

**Richard Driggers
2117 Sheridan St.
Jacksonville, FL**

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE

D

NAME

**ROBINSON, ALBERT C
2418 OAKVIEW DR.
JACKSONVILLE FL**

21 TITLE

D

22 NAME

**Michael Finley
7717 Free St.
Jacksonville, FL**

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE

D

NAME

**MAXWELL, FRED
1830 DEWEY PLACE
JACKSONVILLE FL**

31 TITLE

D

32 NAME

**Milligan, Clifford
8857 Regina Rd.
Jacksonville, FL**

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

DT

NAME

**HILL, ROBERT E.
5448 LORI DR
JACKSONVILLE FL**

41 TITLE

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

D

NAME

**FONGEALLAZ, ALLAN
8343 HOGAN RD.
JACKSONVILLE FL**

51 TITLE

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

D

NAME

**ENCINOSA, ALAN
439 SAPELO ROAD
JACKSONVILLE FL**

61 TITLE

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 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:

Julius J. Blazs

JULIUS J. BLAZS

2-23-96

904-646-0599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)