

**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: 2950 BELFORT ROAD JACKSONVILLE FL 32216  
Mailing Address: 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-2925841  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: BLAZS, JULIUS J., 2950 BELFORT ROAD, JACKSONVILLE FL 32216  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: BLAZS, JULIUS J. STREET ADDRESS: 10575 LANGSLAND COURT CITY-ST-ZIP: JACKSONVILLE FL	11 TITLE: D	NAME: Richard Driggers 12 NAME: Richard Driggers 13 STREET ADDRESS: 2117 Sheridan St. 14 CITY-ST-ZIP: Jacksonville, FL
TITLE: D	NAME: ROBINSON, ALBERT C STREET ADDRESS: 2418 OAKVIEW DR. CITY-ST-ZIP: JACKSONVILLE FL	21 TITLE: D	NAME: Michael Finley 22 NAME: Michael Finley 23 STREET ADDRESS: 7717 Free St. 24 CITY-ST-ZIP: Jacksonville, FL
TITLE: D	NAME: MAXWELL, FRED STREET ADDRESS: 1830 DEWEY PLACE CITY-ST-ZIP: JACKSONVILLE FL	31 TITLE: D	NAME: Milligan, Clifford 32 NAME: Milligan, Clifford 33 STREET ADDRESS: 8857 Regina Rd. 34 CITY-ST-ZIP: Jacksonville, FL
TITLE: DT	NAME: HILL, ROBERT E. STREET ADDRESS: 5448 LORI DR CITY-ST-ZIP: JACKSONVILLE FL	41 TITLE:	
TITLE: D	NAME: FONGEALLAZ, ALLAN STREET ADDRESS: 8343 HOGAN RD. CITY-ST-ZIP: JACKSONVILLE FL	51 TITLE:	
TITLE: D	NAME: ENCINOSA, ALAN STREET ADDRESS: 439 SAPELO ROAD CITY-ST-ZIP: JACKSONVILLE FL	61 TITLE:	

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)