## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

704238

(5)

| MAIN STREET BAPTIST CHURCH OF JACKSONVILLE, INC.                          |   |                      |   |                    |                   |                                      |                          |   |                             |  |
|---|---|----------------------|---|--------------------|-------------------|--------------------------------------|--------------------------|---|-----------------------------|--|
| Principal Place   | e of Business   | Mailing Address      |   |                    |                   | I BOOK OOKE OIDED HEDE               | III OU I OUEF WIRE II OI | AN ANTIN ANTIN BI                                 | ion 61511 f061              |  |
| 23 WEST 8TH ST JACKSONVILLE FL 32206 23 WEST 8TH ST JACKSONVILLE FL 32206 |   |                      |   |                    | 1                 | orporated or Qualit                  | ied                      |   |                             |  |
|   |   |                      |   |                    | 4. FEI Numi       | D662288                              |                          | <del>                                      </del> | oplied For<br>of Applicable |  |
| 2. Principal Pl   | ace of Business   | 2a. Mailing Address  | ···   |                    |                   | e of Status Desired                  | ı 🗆                      | \$8.75 /  | Additional                  |  |
| Sulte, Apt. #, etc. Suite, Apt. #, etc.                                   |   |                      |   |                    | Campaign Financii | )(I                                  | \$5.00                   |   |                             |  |
| 27  |   | 27                   |   |                    | I                 | nd Contribution                      | ື 🗆                      | Added to  |                             |  |
| City & State  | 3   | City & State         |   |                    | 7. Is this no     | nprofit corporation                  | a homeowne               | rs association                                    | n?                          |  |
| 23  |   | 28                   | <del></del>   | <del>-</del>       |                   |                                      | Yes (                    | No  |                             |  |
| Zip   | Country   | Zip                  | Country   |                    |                   | oration owes or ha                   |                          |   |                             |  |
| 24  | 9. Name and Address of Current  | 29                   | 30]   |                    |                   | Property Tax due<br>d Address of Net |                          |   | J No                        |  |
|   | e. Hallie and Address of Collett  | r Modiatoroo viderit | 81  | Name               | TO, IVAING AL     | ta Addiese of No.                    | negistoreu               | - April   |                             |  |
| MAUAN   | , LACY JR.  |                      |   |                    |                   |                                      |                          |   |                             |  |
| 350 E. A  | 82 5  | Street Addr          | ress (P.O. Box N  | lumber is Not Acce | ptable)           |                                      |                          |   |                             |  |
| JACKSO  | 83  |                      | <del>,,</del>   |                    |                   |                                      |                          |   |                             |  |
| enonoo  | TANEEL IL SEEDE   |                      |   |                    |                   |                                      |                          |   |                             |  |
|   |   |                      | 84 (  | City               |                   |                                      | FL                       | 85 Zip (  | Code                        |  |
| SIGNATURE   | to the provisions of Sections 617.050/<br>egistered agent, or both, in the State<br>in familiar with, and accept the obligations. |                      | authorized by the orida Statutes.  [E: Registered Agent a |                    |                   | irectors. I hereby a                 | ccept the app            | pointment as                                      | registered                  |  |
| 12.   | OFFICERS AND  |                      | 13.   |                    |                   | S/CHANGES TO C                       | FFICERS AND              | DIRECTOR  | IS IN 12                    |  |
| TITLE T   |   | ☐ DELETE             | 1.1 TITLE   | TVi                | ce Ch of          | Deacons                              | (T)                      | Change  | X Addition                  |  |
| NAME  | SPEIR, EDWARD E   |                      | 1.2 NAME  | Co                 | onnelly,          | Arthur                               | • •                      |   |                             |  |
| STREET ADDRESS  | 23 W 8TH ST   |                      | 1.3 STREET AD   |                    | 8 W. 8th          |                                      |                          |   |                             |  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32206   |                      | 1.4 CITY-ST-2   | zi₽ Ja             | cksonvil          | <u>le, Fl 322</u>                    | 06                       |   |                             |  |
| TITLE   |   | acons) DELETE        | 2.1 TITLE   |                    |                   |                                      |                          | Change  | Addition                    |  |
| NAME  | Stephens, fred  |                      | 2.2 NAME  |                    |                   |                                      |                          |   |                             |  |
| STREET ADDRESS  | 23 W 8TH ST   |                      | 2.3 STREET AD   | DAESS              |                   |                                      |                          |   |                             |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 00000  |                      | 2. 4 CITY-ST-   | ZIP                |                   |                                      |                          |   |                             |  |
| TITLE   | PD  | X DELETE             | 3.1 TITLE   |                    |                   |                                      |                          | Change  | Addition                    |  |
| NAME  | DARDEN, BILL  |                      | 3.2 NAME  |                    |                   |                                      |                          |   |                             |  |
| STREET ADDRESS  | 23 W 8TH ST   |                      | 3.3 STREET AD   | DRESS              |                   |                                      |                          |   |                             |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 00000  |                      | 3.4. CITY - ST -  | ZIP                |                   |                                      |                          |   | T 4 4 100                   |  |
| TITLE   | S COCID COMPON  | ☐ DELETE             | 4.1 TITLE   |                    |                   |                                      |                          | L Change  | Addition                    |  |
| NAME  | SPEIR, SONDRA   |                      | 4. 2 NAME   |                    |                   |                                      |                          |   |                             |  |
| STREET ADDRESS  | 23 W 8TH ST   |                      | 4.3 STREET AD   |                    |                   |                                      |                          |   |                             |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL 00000  | DELETE               | 4.4 CITY-ST-2   | ZIP                |                   |                                      |                          | Change  | Addition                    |  |
| TITLE   |   | ☐ otreit             | 5.1 TITLE   |                    |                   |                                      |                          |   | C MODERNI                   |  |
| NAME<br>CTREET ADDRESS  |   |                      | 5.2 NAME  | NODECC             |                   |                                      |                          |   |                             |  |
| STREET ADDRESS  |   |                      | 5.3 STREET AD   |                    |                   |                                      |                          |   |                             |  |
| CITY-ST-ZIP<br>TITLE  |   | ☐ DELETE             | 5.4 CITY-ST-2<br>6.1 TITLE                                | ar                 |                   |                                      |                          | Change  | Addition                    |  |
| Į.  |   | L. Decert            | 6.2 NAME  |                    |                   |                                      |                          | v.mingv   |                             |  |
| NAME<br>STREET ADDRESS  |   |                      | 6.3 STREET AD   | noree              |                   |                                      |                          |   |                             |  |
| OINCEI AUUHESS  |   |                      | 0.5 STREET AD   | runeoa             |                   |                                      |                          |   |                             |  |

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.

CIONATUDE.

AS tan Dono

CR2E037 (10/97)

**FILED** 

May 20 1998 8:00am

Secretary of State