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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707882** (7)

1. Corporation Name

ARGYLE CHURCH OF CHRIST, INC.

Principal Place of Business

**7310 COLLINS ROAD
JACKSONVILLE FL 32244**

Mailing Address

**7310 COLLINS ROAD
JACKSONVILLE FL 32244**



3. Date Incorporated or Qualified

09/28/1964

4. FEI Number

59-1069371

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SCOTT, RALPH W.
4304 ANVERS BLVD
JACKSONVILLE FL 32210**

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

Ralph W. Scott *Ralph W. Scott*

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 ☐ DELETE

NAME **DP**
STREET ADDRESS **MITCHELL, ALLEN LEE**
CITY-ST-ZIP **7974 COPPERFIELD CIR. S.
JACKSONVILLE, FL 00000**

TITLE ☒ DELETE

NAME **DV**
STREET ADDRESS **HARGROVE, JIMMIE R.**
CITY-ST-ZIP **3846 CMBAY PLACE
JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **SCOTT, RALPH W.**
CITY-ST-ZIP **4304 ANVERS BLVD.
JACKSONVILLE, FL 00000**

TITLE ☒ DELETE

NAME **DS**
STREET ADDRESS **ECKLOF, ALLEN**
CITY-ST-ZIP **8595 WYNDHURST DR
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DV

Dennis Eason
2529 Quail Roost Road
Middleburg, FL. 32068

DS

John Perkins
8159 N. Sable Woods Drive
Jacksonville, FL. 32244

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.

SIGNATURE:

Ralph W. Scott *Ralph W. Scott*

1/20/98

(904) 778-4721

CR2E037 (10/97)