


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 708640 (8)**

1. Corporation Name  
**NORMANDY BAPTIST TEMPLE, INC.**



Principal Place of Business <b>5634 NORMANDY BLVD                  JACKSONVILLE FL 32205</b>	Mailing Address <b>5634 NORMANDY BLVD                  JACKSONVILLE FL 32205</b>
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3. Date Incorporated or Qualified <b>03/16/1965</b>	3a. Date of Last Report <b>02/16/1995</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-0911199</b>
21	26	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	
Zip	Country	
24	25	29
		30

9. Name and Address of Current Registered Agent  <b>MCMILLAN, W A                  1125 FOUNTAIN RD                  JACKSONVILLE FL 32205</b>	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
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>W.A. MCMILLAN</b>	1.2 NAME	
STREET ADDRESS	<b>1125 FOUNTAIN ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>W.W. MEEKS</b>	2.2 NAME	
STREET ADDRESS	<b>5384 PLYMOUTH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOE ALDERMAN</b>	3.2 NAME	
STREET ADDRESS	<b>3527 HIBISCUS STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, GEORGE</b>	4.2 NAME	
STREET ADDRESS	<b>7748 STILLWELL ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 2 or Block 13 if I am not, or on an attachment with a separate signature.

SIGNATURE: *W.A. McMillan* 6/12/96 904-781-4321  
 \_\_\_\_\_ Date Daytime Phone #

CR2E037 (3/96)