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Feb 11, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-11-1999 90058 035 *****61.25

DOCUMENT # 708640

1. Corporation Name

NORMANDY BAPTIST TEMPLE, INC.

Principal Place of Business

5634 NORMANDY BLVD
 JACKSONVILLE FL 32205

Mailing Address

5634 NORMANDY BLVD
 JACKSONVILLE FL 32205



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/16/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-0911199

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLAN, W A
 1125 FOUNTAIN RD
 JACKSONVILLE FL 32205

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME W.A. MCMILLAN
 STREET ADDRESS 1125 FOUNTAIN ROAD
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition

TITLE VD DELETE

NAME W.W. MEEKS
 STREET ADDRESS 5384 PLYMOUTH STREET
 CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE Change Addition

TITLE SD DELETE

NAME JOE ALDERMAN
 STREET ADDRESS 3527 HIBISCUS STREET
 CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE Change Addition

TITLE TD DELETE

NAME SMITH, GEORGE
 STREET ADDRESS 7748 STILLWELL ROAD
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other officers, directors, and agents empowered.

SIGNATURE:

W.A. McMillan
 SIGNATURE REQUIRED

1/26/99

904-781-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)