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Jan 27, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

01-27-1999 90064 037 *****61.25

DOCUMENT # 709448

1. Corporation Name

**GREATER MT. SALEM BAPTIST CHURCH, INCORPORATED,
 OF JACKSONVILLE, FLORIDA**

Principal Place of Business

2335 MONCRIEF ROAD
 JACKSONVILLE FL 32209

Mailing Address

2335 MONCRIEF ROAD
 JACKSONVILLE FL 32209



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/16/1965
 4. FEI Number
 05-0132408

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANK, CHARLES E SALEM BAPTIST CHURCH, INCORPORATED
 1836 W. 23RD ST.
 JACKSONVILLE FL 32209**

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 | PD | <input type="checkbox"/> DELETE |
| NAME | BANK, CHARLES E | |
| STREET ADDRESS | 1836 WEST 23RD ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | NELSON, ANTHONY J | |
| STREET ADDRESS | 8037 REID AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CASH, WINONA C | |
| STREET ADDRESS | 6508 CHAMPLAIN RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WALKER, JOHNNY JR. | |
| STREET ADDRESS | 3323 MARLAND RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | BD | <input type="checkbox"/> DELETE |
| NAME | KING, BARBARA | |
| STREET ADDRESS | 8337 SPRING LAKE RD. NO. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | BANK, CHARLES E | |
| STREET ADDRESS | 1836 WEST 23RD ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 like empowered.

SIGNATURE: *Charles E Banks*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E Banks
 1-10-99 (904) 765-0447
 Date Daytime Phone #

CR2E037 (1/98)