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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 710882

1. Corporation Name
FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORIDA
A

Principal Place of Business Mailing Address
 324 N 5TH STREET 324 N 5TH STREET
 JACKSONVILLE FL 32250 JACKSONVILLE FL 32250



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6001024	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOOD, C. TOMMY D 324 NORTH 5TH STREET JACKSONVILLE BEACH FL 32250				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR MILLER, FRED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1921 JARBOE LANE	1.2 NAME	
STREET ADDRESS	NEPTUNE BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T BEASLEY, GERALD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1115 N. 16. AVE	2.2 NAME	
STREET ADDRESS	JACKSONVILLE BCH. FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D POPE, ELLIS T.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1310 FLORIDA BLVD.	3.2 NAME	
STREET ADDRESS	NEPTUNE BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P WOOD, C. TOMMY D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	324 N 5TH ST	4.2 NAME	
STREET ADDRESS	JACKSONVILLE BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DTR MCCRANIE, STAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3901 PONTE VEDRA BLVD	5.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S PUGH, MELODY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	734 N. 10TH STREET	6.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *T. C. Tommy Wood* **SIGNATURE REQUIRED** 4-19-99 904-249-2314
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)