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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
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DOCUMENT # 714264

1. Corporation Name

THE FERNANDINA BEACH CHURCH OF CHRIST, INC.

Principal Place of Business
1015 S. 14TH STREET
P.O. BOX 543
FERNANDINA BEACH FL 32034

Mailing Address
1015 S. 14TH STREET
P.O. BOX 543
FERNANDINA BEACH FL 32034



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/18/1968
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2724942
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

HOWARD, CHARLES W.
2775 RACHAEL AVENUE
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name *Charles W. Howard*
82 Street Address (P.O. Box Number is Not Acceptable) *2775 Rachael Ave.*
83 *Fernandina Beach, FL 32034*
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 *Charles W. Howard* DATE *3-7-99*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, JACK	1.2 NAME	COKER, JACK
STREET ADDRESS	801 BEECH STREET	1.3 STREET ADDRESS	2812 MAGNOLIA WOOD CT.
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, CHARLES	2.2 NAME	HOWARD, CHARLES
STREET ADDRESS	BOX 57, LAUREL OAK	2.3 STREET ADDRESS	2775 RACHAEL AVE.
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYBERRY, PHIL	3.2 NAME	
STREET ADDRESS	1806 BEECH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, BUFORD	4.2 NAME	Van Bibber, Joseph
STREET ADDRESS	RT. 1, BOX 165F	4.3 STREET ADDRESS	2130 LAYNE LEIGH COURT
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BILL	5.2 NAME	PETERS, BILL
STREET ADDRESS	500 STANLEY DR.	5.3 STREET ADDRESS	2587 ROBERT OLIVER AVE.
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKELL, JOHN	6.2 NAME	BECKETT, JOHN
STREET ADDRESS	505 S. 15TH STREET	6.3 STREET ADDRESS	505 S. 15TH STREET
CITY-ST-ZIP	FERNANDINA BEACH FL	6.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034

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: *Phil Mayberry* DATE *3/1/99* (904) 261-
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)