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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

716111

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BAPTIST TOWERS OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 1400 LE BARON AVE 1400 LE BARON AVE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 02/25/1969 02/16/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1392216 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Florida Statutes ☐ Yes ☐ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHITLEY, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 82 2707 DUPONT AVENUE 83 JACKSONVILLE FL 32217 84 Zip Code City 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. DATE Signature: typed or printed hance of registered agent and bite if applicable (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change DELETE. 1.1 TITLE TITLE ADAMS, JOE 1.2 NAME ROWE, IV, ROBERT NAME BILL PINE LAKE RA 4550 ORTEGA FOREST DR 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL JACKSONUTIL TL 32256 CITY - ST - ZIP 1.4 CHY - \$1 - ZIP Change DELETE 21 TITLE **Addition** TILLE HILL, HENRY W. 2.2 NAME HUMPHRICE JACK NAME 4198 PALOMA POINT CIRCLE 8121 SHADY GROVE ROAD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL JACKSONVING. 76 32217 CHTY - ST - ZIP 2 4 CITY-ST-ZIP (A) Change ☐ Addition DELETE 3.1 TITLE TIFLE WHORTON, JUDSON 3.2 NAME NAME 5443 JOHN REYNOLDS DRIVE STREET ADDRESS 3.3 STREET ADDRESS - 32211 JACKSONVILLE FL 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE LEE, JR., TOMMY 4 2 NAME NAME 3340 SAN JOSE BLVD. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL - 32267 44 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 DITLE Change ☐ Addition DILE PETTY, MASSEY NAME 5.2 NAME 8156 SIERRA MADRE DRIVE STREET ADDRESS 5 3 STREET ADDRESS

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 12 or Block, 13 if changed, or on an attachmient with an address.

5.4 CITY - ST - ZIP

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

61 TITLE

6.2 NAME

IGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

JACKSONVILLE FL

JACKSONVILLE FL

8088 GREEN GLADE RD.

HILL, STAN W.

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/26/96

- 32217

32256

FILED

Jan 31, 1996 08:00 AM

Secretary of State

(904) 398-3406

Change

☐ Addition

Daytime Phone #

CR2E037 (12/95)