FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

716111

(0)

BAPTIS Principal Place	ST TOWERS OF JACKSON	Mailing Address			
1400 LE BARON AVE JACKSONVILLE FL 32207 1400 LE BARON AVE JACKSONVILLE FL 32207			3. Date Incorporated or Qualified 02/25/1969 4. FEI Number	Applied For	
				59-1392216	Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		26 Cuito Ant 4 etc			Fee Required
Suite, Apt. W, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowr	
23		28		Yes	₩ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curre	ent Registered Agent		Name and Address of New Registers	d Agent
			81 Name		
WHITLEY, WILLIAM R. 2707 DUPONT AVENUE JACKSONVILLE FL 32217			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			63		
			84 City	-	85 Zip Code
44 Durauani	to the providings of Sections 617 05	00 and 617 1509 Elected Ctal to	a the short served o	F	
office or r	egistered agent, or both, in the State	le of Florida. Such change was a	uthorized by the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	ppointment as registered
i	m tamiliar with, and accept the obli	gations of, Section 617.0503, Flo	rida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered a	pers and title if applicable (NOTE	: Registered Agent signature re	squired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, ROBERT JR.		1.2 NAME		
STREET ADDRESS	8112 PINE LANE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE	V	XX DELETE	2.1 TITLE	V	Change K Addition
NAME	HUMPHRIES, JACK	_	22 NAME	Chris Verlander	
STREET ADORESS	4198 PALOMA POINT CIRCI	Æ	2.3 STREET ADDRESS	10148 Deercreek Club Road	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 City-St-ZiP	Jacksonville, Florida 322.	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHORTON, JUDSON		3.2 NAME		
STREET ADDRESS	5443 JOHN REYNOLDS DRI	VE	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL D	EX DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	P	Change K Addition
NAME		ELS-DECE IE	4. 2 NAME	-	CT custific #71 vocation
STREET ADDRESS	LEE, JR., TOMMY 3340 SAN JOSE BLVD.		4. 2 NAME 4.3 STREET ADORESS	Dr. Jack A. Snell	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	4308 Heaven Trees Road	0.7
TITLE	ST	DELETE	5.1 TITLE	Jacksonville, Florida 3220	Change Addition
NAME	HILL, STAN W.		5.2 NAME		
STREET ADDRESS	8088 GREEN GLADE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(TY-ST-7)P		

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 chapted, or on an attachment with appeddress.

SIGNATURE.

COLUMN THE CHAIR A. Snell

4/23/98

904-398-3406

FILED

May 01 1998 8:00am

Secretary of State

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