

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719564 (7)
1. Corporation Name
HOLY BIBLE BAPTIST CHURCH OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
2030 DUNN AVE. 2030 DUNN AVE.
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/22/1970		06/05/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1614506		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 Country		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SNAPP, WEBSTER K 1609 LONDON AVE JACKSONVILLE FL 32307				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MINTON, JOE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2030 DUNN AVENUE	12 NAME	
STREET ADDRESS	JACKSONVILLE FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D SNAPP, WEBSTER K	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1609 LONDON AVE	22 NAME	
STREET ADDRESS	JACKSONVILLE FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D MINTON, LARRY J	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13485 PATE ROAD, WEST	32 NAME	
STREET ADDRESS	JACKSONVILLE FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D MINTON, PHILLIPS S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11334 AVERY DR	42 NAME	
STREET ADDRESS	JACKSONVILLE FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-91 904 757-8508
Date Daytime Phone

CR2E037 (12/95)