

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2030 DUNN AVE. JACKSONVILLE FL 32218  
Mailing Address: 2030 DUNN AVE. JACKSONVILLE FL 32218

3. Date Incorporated or Qualified: 10/22/1970  
4. FEI Number: 59-1614506  
Applied For: Not Applicable

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: SNAPP, WEBSTER K, 1809 LONDON AVE, JACKSONVILLE FL 32307

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, JOE	1.2 NAME	
STREET ADDRESS	2030 DUNN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAPP, WEBSTER K	2.2 NAME	
STREET ADDRESS	1809 LONDON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, LARRY J	3.2 NAME	
STREET ADDRESS	13485 PATE ROAD, WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, PHILLIPS S	4.2 NAME	
STREET ADDRESS	11334 AVERY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Hutchins	5.2 NAME	
STREET ADDRESS	604 W. Bank St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Winston Salem N.C. 27204	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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.

SIGNATURE: Joe Minton 5-1-98 904 257-4508

CR2E037 (10/97)