

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 06 1998 8:00 am
Secretary of State

DOCUMENT # **719892**

(2)

1. Corporation Name

FLORIDA CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

1071 S EDGEWOOD AVE
JACKSONVILLE FL 32205-2382

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JACKSONVILLE FL 32205-2382

3. Date Incorporated or Qualified

12/17/1970

4. FEI Number

59-0624397

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **ETHRIDGE, JAMES**
STREET ADDRESS **PO BOX 1192 N/A**
CITY-ST-ZIP **SMITHFIELD NC**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **27577**

TITLE **VD** ☐ DELETE
NAME **TUMBLIN, RICHARD**
STREET ADDRESS **4202 BARBARA DR**
CITY-ST-ZIP **KNOXVILLE TN**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **37918-4309**

TITLE **PD** ☐ DELETE
NAME **THOMPSON, WILLIAM L**
STREET ADDRESS **1905 NORTH PATTERSON STREET**
CITY-ST-ZIP **VALDOSTA GA**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2090 Glen Parke Court**
3.4 CITY-ST-ZIP **Lawrenceville GA 30044-6989**

TITLE **SD** ☐ DELETE
NAME **BRITTON, TAMER**
STREET ADDRESS **PO BOX 12163 N/A**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32209**

TITLE **D** ☒ DELETE
NAME **HUFF, KITTY**
STREET ADDRESS **13651 MYRICA COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **SD** ☐ Change ☒ Addition
5.2 NAME **Bonnie Updegraff**
5.3 STREET ADDRESS **3505 Corby St., Apt. 311**
5.4 CITY-ST-ZIP **Jax FL 32205-5963**

TITLE **D** ☒ DELETE
NAME **WIDENER, AL**
STREET ADDRESS **102 LAKESHORE DR**
CITY-ST-ZIP **MARIETTA GA**

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **Dan Entwistle**
6.3 STREET ADDRESS **4019 Lake Mirage Blvd.**
6.4 CITY-ST-ZIP **Orlando, FL 32817**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Bonnie Updegraff **Bonnie Updegraff** **7-28-98** **(904) 384-9694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)