FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:17

DOCUMENT # **725481** **(6)**

1. Corporation Name

HENDRICKS AVENUE BAPTIST CHURCH

Principal Place of Business	Mailing Address
4001 HENDRICKS AVENUE JACKSONVILLE FL 32207	4001 HENDRICKS AVENUE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/23/1973**
3a. Date of Last Report: **02/02/1994**
4. FEI Number: **59-0711173** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SNELL, JACK A
4001 HENDRICKS AVENUE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WOOD, MARY C	12 NAME		
STREET ADDRESS	8461 GLADE LN	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	HANSON, KARL B.	22 NAME	McQuaig, Dawson	
STREET ADDRESS	5028 SAN JOSE BOULEVARD	23 STREET ADDRESS	9356 River Pine Road	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	HAIR, MATTOX	32 NAME	Moseley, Jr, Jim	
STREET ADDRESS	505 LANCASTER #5A	33 STREET ADDRESS	1003 Inwood Terrace	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	SNELL, JACK A.	42 NAME		
STREET ADDRESS	4001 HENDRICKS AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	FAUSS, CAROLE C.	52 NAME		
STREET ADDRESS	2470 CASTELLON DR N	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE	T	☒ Change ☐ Addition
NAME	HARDEN, M.C.	62 NAME	John A. Mitchell III	
STREET ADDRESS	906 GREENRIDGE RD	63 STREET ADDRESS	10110 Golf Club Drive	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL 32256	

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)(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: Carole C. Fauss 3-20-95 904-396-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carole C. Fauss

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