

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

01/23/1973

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNELL, JACK A
4001 HENDRICKS AVENUE
JACKSONVILLE FL 32207**

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
WOOD, MARY C
STREET ADDRESS **8461 GLADE LN**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
MCQUAIG, DAWSON
STREET ADDRESS **9356 RIVER PINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
MOSELEY, JR. J
STREET ADDRESS **1003 INWOOD TERRACE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **P**
SNELL, JACK A.
STREET ADDRESS **4001 HENDRICKS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **S**
FAUSS, CAROLE C.
STREET ADDRESS **2470 CASTELLON DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T**
MITCHELL, JOHN A III
STREET ADDRESS **10110 GOLF CLUB DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Carole C. Fauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE C. FAUSS

4-11-96

Date

904-396-7745

Daytime Phone

CR2E037 (12/95)