## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham \*

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 731019** 

(6)

Principal Place of Business	Mailing Address
4510 SOUTEL DRIVE	4510 SOUTEL DRIVE
JACKSONVILLE FLORIDA 32208	JACKSONVILLE FLORIDA 32208

**FILED** Aug 12 1997 8:00am Secretary of State

1. Corporatio THE GF	REATER JACKSONVILLE CH	HURCH OF		<u>-</u>			• • • • • • • • • • • • • • • • • • • •					
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4510 SOUTEL DRIVE   4510 SOUTEL DRIVE   JACKSONVILLE FLORIDA 32208   JACKSONVILLE FLORIDA 32208												
								DO NOT WRITE  3. Date Incorporated or Qualified		S SPACE Date of Last	D	$\neg$
								11/01/1974	Ja.	06/18/19		
2. Principal P	lace of Business	2a. Maitin	g Address					4. FEI Number			pplied For	]
21		26						51-0188273			lot Applicable	3
Suite, Apt.	#, etc.	<b>├</b> ─┐	Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State		27 City &	State					6. Election Campaign Financing				$\dashv$
23	~	28	Oldio					Trust Fund Contribution			May Be I to Fees	
Zip	Country	Zip		Coun	itry		•	8. This corporation owes or has pa	id the c			7
24	25	29		30				Personal Property Tax due June			<b>⊠</b> No	╛
	9. Name and Address of Curre	nt Registered A	\gent					10. Name and Address of New Re	gistere	d Agent		4
******	401145			l'	B1	Name						
	MICHAEL T.			1	B2	Street .	Addre	ss (P.O. Box Number is Not Acceptat	le)			7
	utel drive Nville fl 32208			-	B3							$\dashv$
S SYCKSOL	IVILLE PL 32200			L								╛
					B4	City			F	<b>85</b> Zip	Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag							ration submits this statement for the pin's board of directors. I hereby acception to the pin's board of directors and the pin's board of directors.	ot the a		s registered	
12.		D DIRECTORS		13.	. 1907			ADDITIONS/CHANGES TO OFFICE			RS IN 12	٦£
TITLE	PD		☐ DELETE	1.1 TITL	.E					Change	Addition	٦Š
NAME	WELLS, MICHAEL	_		1,2 NAN	ΛE							
STREET ADDRESS	12564 BISCAYNE LAKE DRIVE	Ē		1.3 STR	EET /	ADDRESS						Į
CITY-ST-ZIP	JACKSONVILLE FL		T ADVECT	1.4 CITY		- ZIP				170	10000	ؤ
TITLE	VO		☐ DELETE	2.1 TITL						L Change	Addition	۱ ۱
NAME	WILLIAMS, W. JAY   2534 BURGOYNE DRIVE			2.2 NAN		. 000000						-
STREET ADDRESS	JACKSONVILLE FL					ADDRESS						
CITY-ST-ZIP TITLE	SO SO	<del></del>	DELETE	2. 4 CIT 3.1 TITL	_	1 - £11"				Change	Addition	$\dashv$
NAME	LASTER, EDDIE			3.2 NAN								
STREET ADDRESS	11766 E. KINGFISHER LN					ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 00000			3.4. CIT	Y- 51	T- ZIP ·						
TITLE			DELETE	4.1 TITE						Change	☐ Addition	
NAME				4. 2 NAI	ME							
STREET ADDRESS				4.3 STR	EET A	ADDRESS						-
CITY-ST-ZIP				4.4 CITY		-21P						_
TITLE			DELETE	5.1 TITLE						Change	Addition	<u>'                                    </u>
NAME				5.2 NAN								1
STREET ADDRESS						address						
CITY-ST-ZIP			DELETE	5.4 CITY		- <b>Z</b> IP				☐ Change	☐ Addition	+
TITLE			☐ VECULE	6.1 TITL						i ∩ cuange		
name Street adoress				6.2 NAM 6.2 STD4		ADORESS						
CITY-ST-ZIP				6.4 CITY								
VIII 1 01748				9.4 01 1	-01	<u>6-11</u>						

14. I do 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.