SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Mailing Address

4510 SOUTEL DRIVE

JACKSONVILLE FLORIDA 32208

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

08-02-1999 90005 049 ****61.25

904-764-4561

Aug 02, 1999 8:00 am Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731019

4510 SOUTEL DRIVE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

Principal Place of Business

JACKSONVILLE FLORIDA 32208

THE GREATER JACKSONVILLE CHURCH OF GOD, INC.

_	5 () () () ()	F. P. ciaca	2-	Mailing Address	_			3. Date Incorporated or Qualifed			
	Principal Pla	ace of Business	26	Mailing Address				11/01/1974			
21	Suite, Apt. a	# ats	20	Suite, Apt. #, etc.				4. FEI Number		Applie	ed For
$\overline{}$	Suite, Apt. 1	#, etc.	27	ошю, гф. п, т.				51-0188273	<u> </u>	Not A	pplicable
22	City & State		121	City & State			-		\$8.7	75 Add	litional
23	City & State	.	28	ony a once				5. Certificate of Status Desired	Fe	e Requ	ired
_	Zip	Country		Zip	Col	untry		6. Election Campaign Financing	\$5.	00 ма	y Be
24	_,p	25	29	· ·	30			Trust Fund Contribution	•	ded to F	·
24		9. Name and Address of Current				T		10. Name and Address of New Registere	d Agent		
						81	Name				Ì
,	WELLO A	NOLLAEL T				82	Ct-s at Addr	ross /B.O. Box Number is Not Acceptable)			
WELLS, MICHAEL T.				82 Stree			Street Addr	ress (P.O. Box Number is Not Acceptable)			ļ
4510 SOUTEL DRIVE JACKSONVILLE FL 32208						83	-				
•	JACKSON	VILLE FL 32208				بيا		,	10-1	Zip Co	
						84	City	F	L 85	ZIP CO	Je
11.	office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	FIOR	da. Such change was at	utnonze	ару	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changin cintment a	g its re as regis	jistered tered
SIC	GNATURE			# continue (6)OTE:	Danielara	d Aner	t signature require	d when reinstating) DATE			
12		Signature, typed or printed name of registered agent a OFFICERS AND			13.		it signature radone	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	3 IN 12
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		VD			2.2 NAME						
	NAME WILLIAMS, W. JAY						I .				
	LEET ADDRESS	2534 BURGOYNE DRIVE				TDEE	TANDDECC				
CITY				-			T ADDRESS				-
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6.3 STREET ADDRESS

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, with all other like empowered.

WASEQUIRED