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CORPORATION
ANNUAL REPORT
1995



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

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95 APR 12 AM 12:24

95 APR 12

DOCUMENT # 733497 (2)

1. Corporation Name

NORTHVIEW BAPTIST CHURCH OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 422 NEW BERLIN RD. JACKSONVILLE FL 32218
Mailing Address: 422 NEW BERLIN RD. JACKSONVILLE FL 32218

3. Date Incorporated or Qualified: 08/05/1975
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-0917269
Applied For: Not Applicable

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

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

9. Name and Address of Current Registered Agent
WILLIAMS, JOE
1268 FRUIT COVE TERR. RD.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D NAME: NIXON, CLEVE STREET ADDRESS: 2360 WILMONT AVENUE CITY - ST - ZIP: JACKSONVILLE FL	TITLE: D NAME: GODBEE, ROGER STREET ADDRESS: 2338 BARLAD DR CITY - ST - ZIP: JACKSONVILLE FL
TITLE: T NAME: BENNETT, BUDDY STREET ADDRESS: 13701 SAWPIT RD CITY - ST - ZIP: JACKSONVILLE FL	TITLE: D NAME: DAVIS, WOODROW STREET ADDRESS: 4508 IRVING RD CITY - ST - ZIP: JACKSONVILLE FL
TITLE: D NAME: THORNTON, DANNE STREET ADDRESS: 15504 PARETE RD CITY - ST - ZIP: JACKSONVILLE FL	TITLE: P NAME: WILLIAMS, JOE STREET ADDRESS: 1268 FRUIT COVE TERR. CITY - ST - ZIP: JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: D 12 NAME: William H. Dew, Jr. 13 STREET ADDRESS: 7134 Linda Dr. 14 CITY - ST - ZIP: Jacksonville, FL. 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: T 22 NAME: ROGER GODBEE 23 STREET ADDRESS: 2338 BARLAD DR. 24 CITY - ST - ZIP: JACKSONVILLE, FL. 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: D 32 NAME: Bill HARRELL 33 STREET ADDRESS: 11653 HOULE RD. 34 CITY - ST - ZIP: JACKSONVILLE, FL. 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: D 42 NAME: JASON S. SEARS 43 STREET ADDRESS: RT. 3 BOX 2426 44 CITY - ST - ZIP: CALLAHAN, FL. 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE: D. 52 NAME: DANNIE THORNTON 53 STREET ADDRESS: 54 CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: JOE WILLIAMS *Joe Williams* 4/5/95 904 757 3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)