

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733497 (2)

1. Corporation Name

NORTHVIEW BAPTIST CHURCH OF JACKSONVILLE, INC.



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: 04/12/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-0917269
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
1288 FRUIT COVE TERR. RD.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent
81 Name: Dew, William H.J.
82 Street Address (P.O. Box Number is Not Acceptable): 7134 Linda Drive
83
84 City: Jacksonville, FL 85 Zip Code: 32208

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: *William H. Dew, Jr.* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEW, WILLIAM H. J	
STREET ADDRESS	7134 LINDA DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GODBEE, ROGER	
STREET ADDRESS	2338 BARLAD DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, BILL	
STREET ADDRESS	11853 HOULE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEARS, JASON S.	
STREET ADDRESS	RT 3 BOX 2426	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THORNTON, DANNE	
STREET ADDRESS	15504 PARETE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOE	
STREET ADDRESS	1288 FRUIT COVE TERR.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cole, Mike	
1.3 STREET ADDRESS	Rt.2 Box 1600	
1.4 CITY-ST-ZIP	Callahan, FL 32011	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Godwin, Ron	
2.3 STREET ADDRESS	12575 Camden Rd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32218	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thornton, Dannie	
3.3 STREET ADDRESS	15504 Parete Rd.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32218	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE: *William H. Dew, Jr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DAYTIME PHONE #:

CR2E037 (12/95)