


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/05/1975	
4. FEI Number 59-0917269	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MONK, BROOKS REV.
 422 NEW BERLIN RD.
 JACKSONVILLE FL 32218**

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

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 Rev. Brooks Monk (REV. BROOKS MONK) DATE 7/11/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODROW DAVID	
STREET ADDRESS	4508 IRVING RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLE, MIKE	
STREET ADDRESS	RT 2 BOX 1600	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROGER GODBEE	
STREET ADDRESS	2338 BARLAD DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOE HASKEW	
STREET ADDRESS	9848 SUNSET DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REV. BROOKS MONK	
STREET ADDRESS	422 NEW BERLIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODWIN, RON	
STREET ADDRESS	12575 CAMDEN RD	
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	COLLINS, ROBERT	
1.3 STREET ADDRESS	11274 EMUNESS RD.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	POPE, JOHN	
2.3 STREET ADDRESS	1126 STEPHEN RD.	
2.4 CITY-ST-ZIP	YULEE, FL.	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONK, REV. BROOKS	
3.3 STREET ADDRESS	2004 LANDWOOD ST.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SEARS, RAYMOND	
4.3 STREET ADDRESS	6803 MEADOWS LN.	
4.4 CITY-ST-ZIP	CALLAHAN, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FOSTER, JAMES	
5.3 STREET ADDRESS	P.O. BOX 268 N/A	
5.4 CITY-ST-ZIP	YULEE, FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HARRELL, BILL	
6.3 STREET ADDRESS	11653 HOULE RD.	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL.	

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.

SIGNATURE Robert Collins (ROBERT COLLINS) DATE 7/11/98 (904) 751-5121
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (5/98)