

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **736156** (1)

1. Corporation Name

INTERNATIONAL CHRISTIAN CENTER OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

**1820 MONUMENT ROAD
JACKSONVILLE FL 32225**

**1820 MONUMENT ROAD
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified
06/18/1976

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2759715

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RUMPH, J. QUINTON~~
~~9100 UNIVERSITY BLVD. SOUTH~~
~~SUITE 101~~
~~JACKSONVILLE FL 32216~~

81 Name **RONNY D. THOMASON**
82 Street Address (P.O. Box Numbers Not Allowed) **3524 BRAN CT. E.**
83
84 City **Jacksonville** FL 85 **32277**

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 *Ronny D. Thomason* (RONNY D. THOMASON)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **EASTON, LARRY JR.**
STREET ADDRESS **12232 FT. CAROLINE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **EASTON, LARRY JR.**
1.3 STREET ADDRESS **12232 FT CAROLINE BLVD.**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VD** ☐ DELETE
NAME **BREDESEN, HAROLD**
STREET ADDRESS **2767 SURRY LANE**
CITY-ST-ZIP **ESCONDIDO CA 92039**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **BREDESEN, HAROLD**
2.3 STREET ADDRESS **2767 SURRY LANE**
2.4 CITY-ST-ZIP **ESCONDIDO CA 92039**

TITLE **SD** ☒ DELETE
NAME **TOMLINSON, WILEY**
STREET ADDRESS **2961 CORTEZ ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

3.1 TITLE **PD** ☐ Change ☒ Addition
3.2 NAME **RONNY D. THOMASON**
3.3 STREET ADDRESS **3524 BRAN CT. E.**
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **TD** ☒ DELETE
NAME **AIKMAN, DAVID**
STREET ADDRESS **6731 EDGEWATER OAK CT.**
CITY-ST-ZIP **BURKE VA 22015**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HAPPY, NELSON**
STREET ADDRESS **1000 REGENT UNIVERSITY DRIVE**
CITY-ST-ZIP **VIRGINIA BEACH VA 23464**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96 904-641-5832

CR2E037 (12/95)