

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 # 737824

(3)

1. Corporation Name

SOUTHSIDE BIBLE CHAPEL, INC.



Principal Place of Business

Mailing Address

2701 DEAN RD  
JACKSONVILLE FL 32216-5138  
US

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JACKSONVILLE FL 32216-5138  
US

3. Date Incorporated or Qualified  
01/13/1977

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-2524292

Applied For

Not Applicable

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, GARLAND M  
152 TARRASA DRIVE  
JACKSONVILLE, FL  
32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAWLS, MICHAEL	
STREET ADDRESS	12329 MASTIN COVE RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWERS, JERRY	
STREET ADDRESS	3608 HOVER LANE	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LESTER, GARLAND	
STREET ADDRESS	152 TARRASA DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, MIKE	
STREET ADDRESS	3336 WAVERLY DOCK RD.	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTER, MICHAEL	
STREET ADDRESS	4153 W AUTRY AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EASTON, DAVE	
STREET ADDRESS	4318 CHARTER POINT BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>ELLIOTT D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELLIOTT, JOHNNY	
1.3 STREET ADDRESS	2114 MANEY DR	
1.4 CITY - ST - ZIP	JACKSONVILLE FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE:

G. M. Lester - GARLAND M. LESTER

FEB. 23, 1996 904-221-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)