FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

Zip 24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

1. Corporation	n Name	• •								
SOUTH	HSIDE BIBLE CHAPEL, INC.									
Principal Plac	e of Business		1 (481)1 18882 31101 (488) 18118 1818 8181 8181 8181 8181 8181					11041 G 4914 4691		
2701 DEAN RD JACKSONVILLE FL 32216-5138		2701 DEAN RD JACKSONVILLE FL 32216-5138 US				3. Date Incorporated or Qualified 01/13/1977				
US		บจ			4. FEI Numb	ег		A	Applied For	
					59-2	524292			lot Applicable	
2. Principal P	flace of Business	2a. Mailing Address 26	⊢ *			5. Certificate of Status Desired Security Securi				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	6. Election C	ampaign Financing		\$5.00	May Be	
22		27			Trust Fund	Trust Fund Contribution Added to Fees				
City & Stat	е	City & State				7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Coun	try		oration owes or has p	_			
24	25 29 30					Personal Property Tax due June 30. Yes You 10. Name and Address of New Registered Agent				
	9. Name and Address of Currer	nt Registered Agent		ar a	10. Name an	d Address of New H	egistered A	Lgent		
			ľ	Name						
LESTER, GARLAND M			Ī	82 Street Address (P.O. Box Number is Not Acceptable)						
152 TARRASA DRIVE										
	ONVILLE, FL		Į,	33						
32225				City				65 Zip	Code	
				1 '			FL			
11. Pursuant office or agent. I a	to the provisions of Sections 617.950 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida Statute of Florida. Such change was a lations of, Section 617.0503, Flo	es, the abo authorized orida Statu	ove-named by the corp tes.	corporation submits to poration's board of dis	this statement for the rectors. I hereby according	purpose of ept the app	changing pintment a	its registered s registered	
SIGNATURE										
	Signature, typed or printed name of registered ag		E: Registered	Agent signature	required when reinstating)	S/CHANGES TO OFF	DATE	DIDECTO	DC IN 12	
12.	OFFICERS AN	OFFICERS AND DIRECTORS DELETE		r	ADDITIONS	S/CHANGES TO OFF	ICENS AND	Change		
TITLE NAME	ELLIOTT, JOHNNY	DELETE 1.1 TO								
STREET ADDRESS	0.0.4 \$4444W4 BB			eet address						
	JACKSONVILLE FL									
CITY-ST-ZIP TITLE	PD			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	POWERS, JERRY		2.2 NAM					- •	-	
STREET ADDRESS	3608 HOVER LANE			EET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 00000			Y-ST-ZIP				4.4		
TITLE	STD	DELETE	3.1 TITL					L Change	Addition	
NAME	LESTER, GARLAND		3.2 NAM]	فيمر بيي	150	_		
STREET ADDRESS 152 TARRASA DRIVE			3.3 STREET ADDRESS		1418 W	NOHAVEN	1177 J	7		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			Y-ST-ZIP	'''' '					
TITLE	D	DELETE	4.1 TITL					Change	Addition	
NAME	LESTER, MICHAEL	_	4.2 NA				. , 1) 10			
STREET ADDRESS	4153 W AUTRY AVE			EET ADORESS	11118 WI	NDHAVE	$\sim \nu \kappa$	/		
CITY-ST-ZIP	JACKSONVILLE FL			Y-\$1-ZIP	"""	e op e er			R	
COLL DITAIL					1					

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

EASTON, DAVE

JACKSONVILLE FL

4318 CHARTER POINT BLVD.

DELETE

DELETE

904-221-6053

Addition

☐ Change

FILED

Mar 24 1998 8:00am

Secretary of State