

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 # **739196** (4)

1. Corporation Name

COLONIAL BAPTIST CHURCH, INCORPORATED



Principal Place of Business

Mailing Address

2955 ORANGE PICKERS RD
PO BOX 24484
JACKSONVILLE FL 32223
US

2955 ORANGE PICKERS RD
PO BOX 24484
JACKSONVILLE FL 32241

3. Date Incorporated or Qualified
06/01/1977

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIPPER, JAMES L
1818 THE WOODS DR.
JACKSONVILLE FL 32216

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 **D** ☒ DELETE
NAME **ASHER, RAY**
STREET ADDRESS **9980 CHRISTINA LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE
NAME **BLACK, MARY F.**
STREET ADDRESS **5188 SIESTA DEL RIO DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **ALLEN, CHARLES**
STREET ADDRESS **1945 CR 13 N.**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☒ DELETE
NAME **COULLIETTE, BERT**
STREET ADDRESS **3060 PURDON DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE
NAME **WARREN, LES**
STREET ADDRESS **3169 LAUREL GROVE N**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☒ DELETE
NAME **ASH, CHARLES**
STREET ADDRESS **12687 AGATITE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Ron Hall** ☒ Change ☐ Addition
1.2 NAME **12818 Longview Dr E**
1.3 STREET ADDRESS **Jacksonville, FL 32223**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **500001740475**
2.4 CITY-ST-ZIP **-03/12/96--01124--021**

3.1 TITLE *****\$61.25** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Norman Wright**
4.3 STREET ADDRESS **3813 Marnie Place**
4.4 CITY-ST-ZIP **Jacksonville, FL 32223**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **John Hanscom**
5.3 STREET ADDRESS **3241 Juliette Creek Rd**
5.4 CITY-ST-ZIP **Jacksonville, FL 32223**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Ed Taylor**
6.3 STREET ADDRESS **1404 Rivergate Dr.**
6.4 CITY-ST-ZIP **Jacksonville FL 32223**

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:

Mary Black Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)