

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
US2955 ORANGE PICKERS RD
PO BOX 24484
JACKSONVILLE FL 32241-4484

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1977

3a. Date of Last Report

03/12/1996

4. FEI Number

59-2496960

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ NoNIPPER, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETED
NAME HALL, RON
STREET ADDRESS 12818 LONGVIEW DR. E.
CITY - ST - ZIP JACKSONVILLE FL 322231.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETETD
NAME BLACK, MARY F.
STREET ADDRESS 5188 SIESTA DEL RIO DR
CITY - ST - ZIP JACKSONVILLE FL2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETED
NAME ALLEN, CHARLES
STREET ADDRESS 1945 CR 13 N.
CITY - ST - ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☒ DELETED
NAME WRIGHT, NORMAN
STREET ADDRESS 3813 MARINE PL.
CITY - ST - ZIP JACKSONVILLE FL 322234.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETEP
NAME WARREN, LES
STREET ADDRESS 3189 LAUREL GROVE N
CITY - ST - ZIP JACKSONVILLE FL 322235.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☒ DELETED
NAME HANSCOM, JOHN
STREET ADDRESS 3241 JULINGTON CREEK RD.
CITY - ST - ZIP JACKSONVILLE FL 322236.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 70006425

CP2E037 (9/96)

4/25/97