

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739196 (4)**

1. Corporation Name  
**COLONIAL BAPTIST CHURCH, INCORPORATED**



Principal Place of Business <b>2955 ORANGE PICKERS RD PO BOX 24484 JACKSONVILLE FL 32241-4484 US</b>	Mailing Address <b>2955 ORANGE PICKERS RD PO BOX 24484 JACKSONVILLE FL 32241</b>
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3. Date Incorporated or Qualified <b>06/01/1977</b>
4. FEI Number <b>59-2496960</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HALL, RON</b>
STREET ADDRESS	<b>12818 LONGVIEW DR. E.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BLACK, MARY F.</b>
STREET ADDRESS	<b>5188 SIESTA DEL RIO DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALLEN, CHARLES</b>
STREET ADDRESS	<b>1945 CR 13 N.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TALOR, ED</b>
STREET ADDRESS	<b>1404 RIVERGATE DR.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WARREN, LES</b>
STREET ADDRESS	<b>3169 LAUREL GROVE N</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ATKINSON, SAM</b>
STREET ADDRESS	<b>2883 WORETTO ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D Burt Coulliette</b>
1.3 STREET ADDRESS	<b>3060 Purdon Dr</b>
1.4 CITY-ST-ZIP	<b>Jax FL 32223</b>
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	<input 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 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: Mary Black (MARY Black) 3/8/98 904 262 3553

CR2E037 (10/97)