FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739196

Corporation Name

COLONIAL BAPTIST CHURCH, INCORPORATED

Principal Place of Business 2955 ORANGE PICKERS RD

JACKSONVILLE FL 32241-4484

Mailing Address

2955 ORANGE PICKERS RD PC-BOX-24464

JACKSONVILLE FL 32241

FILED Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90077 030 ****61.25



	lace of Business	Za. Mailing Address		^	5. Date incorporated or Qualified			
21 2955 ORLUGE PLOKER ROAD 26 2955 DRIVER PLEA			LKER	KOAO	06/01/1977			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		lied For	
22]					59-2496960		Applicable	
City & State City & State City & State City & State 28 Sheusonuthe fr			Fh.	5. Certificate of Status Desired				
Zip Country Zip Cou					6. Election Campaign Financing	\$5.00	May Be	
24 3223 25 Duur 29 32233 30			⊟ ∩	Wth	Trust Fund Contribution	Added to		
9. Name and Address of Current Registered Agent				MTN	10. Name and Address of New Regis	stered Agent		
NIPPER, JAMES L				82 Street Address (P.O. Box Number is Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable)				
1818 THE WOODS DR.				83				
JACKSONVILLE FL 32216								
;			84	City		FL 85 Zip C		
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	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regi		t signature require		DATE	30.101.40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
πιε	D	DELETE	1.1 TITLE	D,	•	Change	Addition	
NAME	COULLIETTE, BURT		1.2 NAME		erry Burttram			
STREET ADDRESS	3060 PURDOM DR		1.3 STREET		570 REMSEN ROAD			
CITY-ST-ZIP			1.4 CITY-5		LOUSON VILLE A 32223			
TITLE	TD	DELETE 2.1 T		4		🔀 Change	Addition	
NAME	BLACK, MARY F.		2.2 NAME	W	IRIAM FERGUSON		1	
STREET ADDRESS	5188 SIESTA DEL RIO DR		2.3 STREET	ADDRESS 7.5	TIT GHEN MANUR ROAD			
- CITY-ST-ZIP			2.4 CITY-S		ACUSOVULLE FL 32207 -			
TITLE			3.1 TITLE	Q	<i>c</i>	Change	☐ Addition	
NAME	ALLEN, CHARLES		3.2 NAME	T C	LUDY CHAMBIERS			
STREET ADDRESS	1945 CR 13 N.		3.3 STREET		181 DRANGE PICKER ROAD			
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4. CITY-S	T-ZIP 5	ACKSUNUIANE FL32229		,	
TITLE	D	☐ DELETE	4.1 TITLE		•	☐ Change	Addition	
NAME	TALOR, ED	ŀ	4. 2 NAME				:	
STREET ADDRESS	1404 RIVERGATE DR.	i	4.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32223		4.4 CITY-5	r-ZIP				
TITLE	P	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	WARREN, LES		5.2 NAME				İ	
STREET ADDRESS	3169 LAUREL GROVE N		5.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	JACKSONVILLE FL 32223		5.4 CITY-S	r-ZIP				
TITLE	D	DELETE	6.1 TITLE	TQ.		Change	 Addition 	
NAME	ATKINSON, SAM		6.2 NAME	Q.	AUTO SHAVER			
STREET ADDRESS	WODETTO DOAD		6.3 STREET	ADDRESS 13	336 SHERMON haves			
				i 👪				

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, with all other like empowered.

SIGNATURE:

USIGNATURE REQUIRED SAME OF SIGNING OFFICER OR DIRECTOR

3/20/99 Date

904-398-3972 Daytime Phone # CR2F037 (11/98