## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name 741230

(7)

BIBLE I	BAPTIST CHURCH OF ORA	INGE PARK, INC.			
Principal Plac	e of Business	Mailing Address		I INDIAN IANK DINAN WATER NOON RUNA	Dit Ainte dinit giner arbit diate Bitte fent
3060 MOODY ROAD ORANGE PARK FL 32605 US		1380 BELLAIR BLVD. P.O. BOX 607 ORANGE PARK FL 32073-3526 US		Date Incorporated or Qualified	3a. Date of Last Report
				12/27/1977	02/01/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-1785663	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Currer		00	Florida Statutes  10. Name and Address of New Re	Yes No
	5. 114110 4110 1140 1150 01 02 1161	TO FIGURE 194 PAGE 1	81 Name	IO, HARTO WITE AGENCE OF FIGHT FILE	Assessed Liberty
FOW! FR	PAULC JR				
FOWLER, PAUL C. JR. 1380 BELLAIR BLVD.			82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)
ORANGE PARK FL 32073			83		
Ollinon	TAUNTE DEDTO				
			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 age	por and tile if applicable /NOTE	Registered Agent signature require	ad what salastation)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	FOWLER, PAUL C JR		1.2 NAME		-
STREET ADORESS	1380 BELLAIR BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	Boyer, Robert		2.2 NAME		
STREET ADDRESS	316 COTTONWOOD LANE		2.3 STREET ADDRESS		1
CITY-ST-2IP	ORANGE PARK FL		2. 4 CITY - ST - ZIP		
TITLE	DS	DELETE	3.1 TITLE		Change Addition
NAME	MICHAEL, CHARLES E		3.2 NAME		
STREET ADDRESS	2649 ELBOW RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PK FL		3.4. CITY-ST-ZIP		
TITLE	Ť	DELETE	4.1 TITLE		Change Addition
Name	litzelman, gerald G.		4. 2 NAME		
STREET ADDRESS	440 JEFFERSON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 00000	T or eve	4.4 CITY-ST-ZIP		
TITLE	1	☐ DELÉTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Ohan 17 12.00
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 Bloch 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Description:

SIGNATURE AND TYPEO OR PRINTED MAYE OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 17 1997 8:00am

Secretary of State