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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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| ALIBIATIA | FATAN | MILES | ALILIBALL | MA |
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| CHRIST'S | ESTABL | ISHED | CHURCH. | ING. |

| Principal Place of Business Mailing Address | | | | | (100 III) Anna (ata anna lata | | B1811 B1811 | dibit dibit thet | |
|---|--|---|--|----------|---|---|--------------------------------|--------------------------|---------------------------------|
| 1431 LOGAN STREET JACKSONVILLE FL 32209 | | 1431 LOGAN STREET JACKSONVILLE FL 322 | 1431 LOGAN STREET JACKSONVILLE FL 32209 | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 06/01/1978 | | of Last I 4/14/1 | |
| 2. Principal Pla- | ce of Business | 2a, Mailing Address 26 | | | | 4. FEI Number 59-2994454 | | — | Applied For Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State Ci | | City & State | Dity & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| Zip | Country 25 | Zip 29 | Co. | untry | | 8. This corporation has liability for in | tangible tax | under s. | |
| 24] | 9. Name and Address of Curren | <u>. L'il</u> | [30] | Γ | | 10. Name and Address of New Re | · | | |
| | <u> </u> | | | 81 | Name | | | | |
| IOHNEO | M WHILE E DEV | | | | Otront Adio | ress (P.O. Box Number is Not Acceptable | ×1 | | |
| | N, WILLIE E. REV HING STREET | | | 82 | Street Add | iress (P.O. Box Number is Not Acceptable | 7) | | |
| JACKSO | NVILLE, FL | | | 83 | | | | | |
| JACKSO | NVILLE FL 32209 | | | 84 | City | | FL | 85 Zip | o Code |
| or registere familiar with SIGNATURE | ed agent, or both, in the State of Florid h, and accept the obligations of, Secti | da. Such change was authoriz ion 617.0503, Florida Statutes | ed by the | corp | oration's boa | oration submits this statement for the purp and of directors. I hereby accept the appo | intment as r | ging its re egistered | egistered office agent. I am |
| | Signature, typed or printed name of registered agent | | | | it signature requiri | et wher reinstaling) ADDITIONS/CHANGES TO OFFI | DATE | DIRECTO | DS IN 12 |
| 12. | OFFICERS ANI | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFI | | Change | Addition |
| TITLE | PD NOON WALLE E | Поссен | | IAME | | | L | Johange | |
| NAME OXESSE ADDRESS | JOHNSON, WILLIE E | | | | ADORESS | | | | |
| STREET ADDRESS | 803 RUSHING STREET JACKSONVILLE, FL 00000 | | | ITY-S | | | | | |
| CITY-ST-ZIP TITLE | SD | DELETE | 21 T | | 1- EIF | | | Change | Addition |
| NAME | LAWTON, KATIE M | _ | 221 | | | | | | |
| STREET ADDRESS | 408 BROWARD STREET | | 235 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | | 2 4 | CITY - S | \$1 - ZIP | | | | |
| TITLE | TD | DELETE | 317 | ITLE | | | | Change | Addition Addition |
| NAME | JOHNSON, BESSIE M | | 3.2 M | AME | | | | | |
| STREET ADDRESS | 803 RUSHING STREET | | 339 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | | 34 | CITY- | ST - ZIP | | | | |
| TITLE | | DELETE | 4.11 | TITLE | | | |] Change | ☐ Addition |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | 4.3 9 | STREET | ADDRESS | | | | |
| CITY-\$1-ZIP | , | | | CITY - S | ST - ZIP | | r | T Chases | Addition |
| TITLE | | □DELÉTE | 511 | | | | L |] Change | Addition Addition |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 (6.1.1 | | ST-ZIP | | ř | Change | Addition |
| TITLE NAME | | Cloccit | | NAME | | | | | |
| | | | | | 1 ADDRESS | | | | |
| STREET ADDRESS | | | | | ST - ZIP | | | | |
| 14. I do hereb | y certify that the information supplied | with this filing is voluntarily fur | nished and | 1 doe | s not qualify | for the exemption stated in Section 119. | 07(3)(k), Flor | ida Statu | tes. I further |
| certify that oath: that | t the information indicated on this ann | ual report or supplemental and pration or the receiver or trusts | nual report ee empow | is tru | ue and accur | rate and that my signature shall have the his report as required by Chapter 617, Flo | same legal (| effect as r | t made under |

SIGNATURE REV. WILLIE E. JOHNSON 5/6/1996

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele

(904) 354-6392

CR2E037 (12/95)