

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754839 (9)

1. Corporation Name
ALLANDALE BAPTIST CHURCH, INC.



Principal Place of Business: 3012 W 12TH STREET JACKSONVILLE FL 32254 US
Mailing Address: 3012 W 12TH STREET JACKSONVILLE FL 32254 US

3. Date Incorporated or Qualified: 10/27/1980
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1845349
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [x]

9. Name and Address of Current Registered Agent
**TYRE, GLADYS B.
1080 DETROIT ST
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent (81-84) and Zip Code (85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, EDWIN H.	
STREET ADDRESS	2383 N. EDGEWOOD AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, HARVEY S.	
STREET ADDRESS	3163 SUNNYBROOK CT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHIFER, DONALD	
STREET ADDRESS	3112 SUNNYBROOK CT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louise Hall	
1.3 STREET ADDRESS	2383 N/ Edgewood Avenue	
1.4 CITY - ST - ZIP	Jacksonville, Florida 32254	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lois Bragg	
2.3 STREET ADDRESS	3519 Westwood St.	
2.4 CITY - ST - ZIP	Jacksonville, Florida 32254	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chester W. Yarbrough	
3.3 STREET ADDRESS	3037 Detroit Circle, N.	
3.4 CITY - ST - ZIP	Jacksonville, Florida 32207	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Harvey S. Graham* President-Director Harvey S. Graham 2-1-96 904-389-7152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)