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FILED  
Mar 02 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 # **754839** (9)

1. Corporation Name

**ALLANDALE BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**9012 W 12TH STREET  
JACKSONVILLE FL 32254  
US**

**3012 W 12TH STREET  
JACKSONVILLE FL 32254  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/27/1980**

4. FEI Number

**59-1845349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**TYRE, GLADYS B.  
1080 DETROIT ST  
JACKSONVILLE FL 32254**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

*Gladys B. Tyre*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, LOUISE</b>	
STREET ADDRESS	<b>2383 N. EDGEWOOD AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAHAM, HARVEY S.</b>	
STREET ADDRESS	<b>3183 SUNNYBROOK CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHIFER, DONALD</b>	
STREET ADDRESS	<b>3112 SUNNYBROOK CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAGG, LOIS</b>	
STREET ADDRESS	<b>3519 WESTWOOD STRET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>YARBROUGH, CHESTER</b>	
STREET ADDRESS	<b>3037 DETROIT CIRCLE NORTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T</b>
3.3 STREET ADDRESS	<b>Zeke Ojada</b>
3.4 CITY-ST-ZIP	<b>2920 W. 12th Street Jacksonville, Fl. 32254</b>

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VD</b>
4.3 STREET ADDRESS	<b>Lois Bragg</b>
4.4 CITY-ST-ZIP	<b>3519 Westwood Streett Jacksonville, Fl. 32254</b>

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: *Harvey S. Graham* **HARVEY S. GRAHAM, PD** **FEBRUARY 3 1998**

CP2E037 (10/97)