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FILED
Feb 19, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-19-1999 90045 011 *****61.25

DOCUMENT # 754839

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD HALL, LOUISE 2383 N. EDGEWOOD AVE JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD GRAHAM, HARVEY S. 3163 SUNNYBROOK CT JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T ZEKE, OJADA 2920 W. 12TH STREET JACKSONVILLE FL 32254

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD BRAGG, LOIS 3519 WESTWOOD STREET JACKSONVILLE FL 32254

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T YARBROUGH, CHESTER 3037 DETROIT CIRCLE NORTH JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey S. Graham, PD January 16, 1999 904-786-3477

Date

Daytime Phone #

CR2E037 (1/198)