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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 758217 (4)
1. Corporation Name

BLACK CREEK BAPTIST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O RON GEIGER
384 LOGAN AVENUE
ORANGE PARK FL 32065
US

C/O RON GEIGER
384 LOGAN AVENUE
ORANGE PARK FL 32065-6716
US

3. Date Incorporated or Qualified
10/29/1981

3a. Date of Last Report
01/29/1996

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

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4. FEI Number
59-1995366

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEIGER, RON
384 LOGAN AVENUE
ORANGE PARK FL 32065

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

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

(NOTE: Registered Agent signature required when reinstating)

1-21-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARDNER, NORMAN ☒ DELETE
STREET ADDRESS 5342 MARGARET ST
CITY-ST-ZIP ORANGE PARK FL

TITLE VD ☒ DELETE
NAME HUNT, CHARLIE
STREET ADDRESS 3844 OLD JENNINGS RD
CITY-ST-ZIP MIDDLEBURG FL

TITLE ST
NAME CARTER, LINDA ☐ DELETE
STREET ADDRESS 1711 CHAFFEE RD S
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD
1.2 NAME Hunt, Charlie ☐ Change ☒ Addition
1.3 STREET ADDRESS 3644 Old Jennings Rd
1.4 CITY-ST-ZIP Middleburg, FL 32068

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME White, James
2.3 STREET ADDRESS 2674 Henley Rd
2.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

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

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

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

6.1 TITLE ☐ Change ☐ 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 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.

Linda Carter *1-21-97* *904-*
Signature, typed or printed name of officer, director, receiver, or trustee

CR2E037 (9/96)