

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 759877 (4)**

**1. Corporation Name**  
**FIRST COAST CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD, INC. OF THE CITY OF JACKSONVILLE, STATE OF FLORIDA**



**Principal Place of Business**      **Mailing Address**  
 2724 NEW BERLIN RD      2724 NEW BERLIN RD  
 JACKSONVILLE FL 32226-1756      JACKSONVILLE FL 32226-1756

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
 09/02/1981      02/07/1996

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	<b>Applied For</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>59-1944384</b>	<input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**ARNOLD, JOY**  
**13022 DUNN CREEK ROAD**  
**JACKSONVILLE FL 32218-1912**

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	<b>Ricardo, ANTHONY</b>
<b>82 Street Address (P.O. Box Number Is Not Acceptable)</b>	<b>11272 Samuel Dr.</b>
<b>83</b>	
<b>84 City</b>	<b>Jax. FL</b>
<b>85 Zip Code</b>	<b>32218</b>

**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** *X*      **DATE** **4-1-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FRUSCELLA, PERRY M</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3040 HUCKLEBERRY LANE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>JAX FL</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>RICARDO, ANTHONY</b>	<b>2.2 NAME</b>	<b>Ricardo, ANTHONY</b>
<b>STREET ADDRESS</b>	<b>11272 SAMUEL DRIVE</b>	<b>2.3 STREET ADDRESS</b>	<b>11272 Samuel Dr.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>	<b>2.4 CITY-ST-ZIP</b>	<b>Jax. FL. 32218</b>
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>ARNOLD, JOY</b>	<b>3.2 NAME</b>	<b>Charles, Duane</b>
<b>STREET ADDRESS</b>	<b>13022 DUNN CREEK RD</b>	<b>3.3 STREET ADDRESS</b>	<b>RT. 2 BOX 1102</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>	<b>3.4 CITY-ST-ZIP</b>	<b>Bryceville, FL. 32009</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**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.**

CR2E037 (9/96)