## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

759877

FIRST COAST CUDISTIAN CENTED OF THE ASSEMBLIES OF

F GOD, INC. OF THE CITY OF JACKSONVILLE, STATE O  Principal Place of Business  Mailing Address								
Principal Pla	ice of Business	Mailing Address					4.4 /44.	
2724 NEW BERLIN RD JACKSONVILLE FL 32226-1756  2724 NEW BERLIN RD JACKSONVILLE FL 32226-1756  2724 NEW BERLIN RD JACKSONVILLE FL 32226-1756			1756	56		3. Date Incorporated or Qualified 09/02/1981		
							plied For Applicable	
2. Principal Place of Business 2e. Mailing Address							dditional	
1 26						5. Certificate of Status Desired Fee Re		
Suite, Apt. #, etc. Suite, Apt. #, e						6. Election Campaign Financing \$5.00 N		
2 (2)				_		Trust Fund Contribution Added to		
City & State City & State 28						7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip	Country	Zip	Countr	у		8. This corporation owes or has paid the current year into		
4	25 29 30			,		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent		:т-		10. Name and Address of New Registered Agent		
DIO 1 DI	DA 44471104111		81 	'	Name			
RICARDO, ANTHONY 11272 SAMUEL DR			82	2	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32218			83	3				
**********			84	1	City	■■ <b>85</b> Zip C	ode	
			104	•	City	FL  85   Zip C	voda	
SIGNATURE	Signature, typed or safed name of registers is	gest and title if applicable. (NOT				oration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as in the state of the stat		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	DELETE	1.1 TITLE		ļ	☐ Change	Additio	
NAME	FRUSCELLA, PERRY M			1.2 NAME				
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS				
CHTY-ST-ZIP	JAX FL	T acres	1.4 CITY-		ZIP		1 440	
TITLE	SO ANTHONY	DELETE	2.1 TITLE			☐ Change	Additio	
NAME	RICARDO, ANTHONY 11272 SAMUEL DRIVE		2.2 NAME		}			
STREET ADDRESS	MOVOOMBLE			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	TD DAORSONVILLE IL	DELETE	2.4 CITY-	_	- ZIP	Change	Additio	
NAME	ARNOLD, JOY	Abelia	3.2 NAME			Undays		
STREET ADDRESS			3.3 STREE		DDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-		i			
TITLE	SD	DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Additio	
HAME	CHARLES, DUANE		4. 2 NAME		ļ			
STREET ADDRESS			4.3 STRE		DDRESS			
CITY-ST-ZIP	BRYCEVILLE FL		4.4 CiTY-	ST-	ZIP			
TITLE	}	DELETE	5.1 TITLE			☐ Change	Addition Addition	
NAME			5.2 NAME					
STREET ADDRESS	s I		5.3 STREE	ET AI	DDRESS			

6.4 CITY-ST-ZIP 44. 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 suppliemental 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 converties of the receiper or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed or of an all chipment with an address.

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

DELETE

1-30-98

Change Addition

**FILED** 

Feb 16 1998 8:00am

Secretary of State