

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760372 (3)
1. Corporation Name
SUN COAST BAPTIST CHURCH OF NORTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**4200 GEORGETOWN DR.
JACKSONVILLE FL 32210**

**4200 GEORGETOWN DR.
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

10/12/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4200 Georgetown Dr.**

26 **4200 Georgetown Dr.**

4. FEI Number

59-0870367

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

Jacksonville Florida

Jacksonville, Florida

24 Zip

25 Country

29 Zip

30 Country

32210

USA

32210

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, STEVEN C
7215 ZAPATA
JACKSONVILLE FL 32210**

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 617.1503, 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

Steven C. Miller

(NOTE: Registered Agent signature required when reinstating)

1-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	MYRA, JULIAN	
STREET ADDRESS	4041 BESSENT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	MOBLEY, EARL	
STREET ADDRESS	1004 MCCARGO STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	CD	☐ DELETE
NAME	POPE, PETER	
STREET ADDRESS	1905 ROTHBURY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	M	☒ DELETE
NAME	WORSHAM, ROBERT	
STREET ADDRESS	833 ALLISON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	☒ DELETE
NAME	ROBERTSON, STEVE	
STREET ADDRESS	716-B EVERGLADES STREET	
CITY-ST-ZIP	MAYPORT FL 32227	
TITLE	PD	☐ DELETE
NAME	MILLER, STEVEN	
STREET ADDRESS	7215 ZAPATA	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	James Russell O'Dell	
13 STREET ADDRESS	237 Adams Lane	
14 CITY-ST-ZIP	Orange Park, Florida 32073	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	Wilbur Hurst	
23 STREET ADDRESS	5245 Rosselle Street	
24 CITY-ST-ZIP	Jacksonville, Florida 32254	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steven C. Miller* **Steven C. Miller** **1-16-96** **(904) 778-0819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)