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# FILED
# Mar 14 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 # **760372** **(3)**

1. Corporation Name

**SUN COAST BAPTIST CHURCH OF NORTH FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4200 GEORGETOWN DR.<br>JACKSONVILLE FL 32210 | 4200 GEORGETOWN DR.<br>JACKSONVILLE FL 32210-4705 |

3. Date Incorporated or Qualified: **10/12/1981**

3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | S | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MYRA, JULIAN | | 1.2 NAME | |
| STREET ADDRESS | 4041 BESSENT ROAD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOBLEY, EARL | | 2.2 NAME | |
| STREET ADDRESS | 1004 MCCARGO STREET | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32221 | | 2.4 CITY-ST-ZIP | |
| TITLE | CD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | POPE, PETER | | 3.2 NAME | |
| STREET ADDRESS | 1905 ROTHBURY DRIVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32221 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | O'DELL, JAMES R | | 4.2 NAME | |
| STREET ADDRESS | 237 ADAMS LANE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | HURST, WILBUR | | 5.2 NAME | |
| STREET ADDRESS | 5245 ROSSELLE ST | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, STEVEN | | 6.2 NAME | |
| STREET ADDRESS | 7215 ZAPATA | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

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.