SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $230.25)

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

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**
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
7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

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: *CIRESI, FRANK LEE II*
82 Street Address (P.O. Box Number is Not Acceptable): *7215 ZAPATA DRIVE*
83
84 City: *JACKSONVILLE* **FL** 85 Zip Code: *32210*

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	[X] DELETE	2.1 TITLE: *D*	[X] Change [ ] Addition
NAME: MOBLEY, EARL		2.2 NAME: *HALIFKO, CHRIS*	
STREET ADDRESS: 1004 MCCARGO STREET		2.3 STREET ADDRESS: *8071 HAMMOND BLVD.*	
CITY-ST-ZIP: JACKSONVILLE FL 32221		2.4 CITY-ST-ZIP: *JACKSONVILLE, FL 32210*	
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	[X] DELETE	6.1 TITLE: *PASTOR*	[X] Change [ ] Addition
NAME: MILLER, STEVEN		6.2 NAME: *CIRESI, FRANK L. II*	
STREET ADDRESS: 7215 ZAPATA		6.3 STREET ADDRESS: *7215 ZAPATA DRIVE*	
CITY-ST-ZIP: JACKSONVILLE FL		6.4 CITY-ST-ZIP: *JACKSONVILLE, FL 32210*	

CR2E037 (5/98)

14. 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 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: *Frank L. Ciresi II* *Frank L. Ciresi II* *9/11/98* *(904) 268-0514*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #