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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 764413 (1)

1. Corporation Name

JACKSONVILLE, FLORIDA, BIG O CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BA



Principal Place of Business

Mailing Address

SOUTHSIDE BAPTIST CHURCH
1405 ATLANTIC BLVD
JACKSONVILLE FL 32208
US

PO BOX 5976
JACKSONVILLE FL 32247-5976
US

3. Date Incorporated or Qualified
08/04/1982

3a. Date of Last Report
04/18/1996

2. Principal Place of Business CHILDREN

2a. Mailing Address

21 BAPTIST HOME FOR A
Suite, Apt. #, etc.

26 PO BOX 5976

22 2300 BARTRAM RD
City & State

27 Suite, Apt. #, etc. NIA
City & State

23 JACKSONVILLE FL
Zip

28 JACKSONVILLE FL
Zip

24 32216

25 DUVAL

29 32247-5976

30 DUVAL

4. FEI Number
59-1981228

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

10. Name and Address of New Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DR.
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME RYDER, DON
STREET ADDRESS 11640 WELLINGTON WAY
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

1.1 TITLE TD
1.2 NAME RICHARD A Mc DANIEL
1.3 STREET ADDRESS 4719 MOUNTAIN BREEZE CT N.
1.4 CITY-ST-ZIP JACKSONVILLE FL 32224
 Change Addition

TITLE PD
NAME FRANKHOUSER, SAM
STREET ADDRESS 8729 LEPRECHAN COURT
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

2.1 TITLE PD
2.2 NAME RICHARD W. CLAR II
2.3 STREET ADDRESS PO BOX 30446 NIA
2.4 CITY-ST-ZIP JACKSONVILLE FL 32230
 Change Addition

TITLE SD
NAME KNOWLES, GEORGE
STREET ADDRESS 241 PABLO RD
CITY-ST-ZIP PONTE VEDRA FL
 DELETE

3.1 TITLE SD
3.2 NAME JOHN A. LOKENBERG
3.3 STREET ADDRESS 3861 BALD Eagle LN
3.4 CITY-ST-ZIP JACKSONVILLE FL 32257
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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.

SIGNATURE: *Richard A. McDaniel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97 904-992-8312
Date Daytime Phone # 0000023

CR2037 (9/96)