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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90164 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764413**

1. Corporation Name  
**JACKSONVILLE, FLORIDA, BIG O CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BA**

Principal Place of Business <b>BAPTIST HOME FOR CHILDREN 2300 BARTRAM RD JACKSONVILLE FL 32216 US</b>	Mailing Address <b>P.O. BOX 5976 JACKSONVILLE FL 32247-5976 US</b>
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2. Principal Place of Business 21 <b>1st CHRISTIAN CHURCH</b> Suite, Apt. #, etc. 22 <b>SAN JOSE BLVD</b> City & State 23 <b>JACKSONVILLE FL</b> Zip 24 <b>32223</b> Country 25 <b>DUVAL</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>08/04/1982</b>	4. FEI Number <b>59-1981228</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**ELEFANT, FRED  
1650 PRUDENTIAL DR.  
JACKSONVILLE FL 32207**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>THIEMAN, RALPH</b>	
STREET ADDRESS	<b>5712 FORT SUMTER RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLAAR, RICHARD W II</b>	
STREET ADDRESS	<b>P.O. BOX 30446 N/A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOKENBERG, JOHN A</b>	
STREET ADDRESS	<b>3861 BALDEAGLE LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Ralph Thieman* **2/3/99** **904-283-1650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)