FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N00553

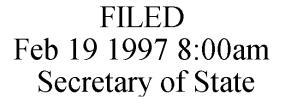
1. Corporation Name

(0)

ST. JAMES EVANGELICAL LUTHERAN CHURCH OF JACKSON VILLE, INC.

Principal Place of Business

Mailing Address





8560 LEM TURNER ROAD JACKSONVILLE FL 32208			8560 LEM TURNER ROAD Jacksonville fl 32208-2665							
						3. Date Incorporated or Qualified 12/23/1983	3a. Date of L 04/16	ast Rep /1996	ort	
2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	<u> </u>	Appli	ied For	
21		26	26			59-2115076			Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$B	75 Ad		
22 City & State		27 City & State	City & State			5. Certificate of Status Desired	<u> Г</u>	Fee Required		
23 City & State	3	28 28 28 28 28 28 28 28 28 28 28 28 28 2				, , ,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30	30			Yes No			
9. Name and Address of Current Registered Agent					·····	10. Name and Address of New Re	gistered Agent			
				81	Name					
BEN P. WILSON					Chant Add	reet Address (P.O. Box Number is Not Acceptable)				
	NN AVENUE			82	Street Addi	ress (F.O. Box Number is Not Acceptab	ne,			
JACKSONVILLE FL 32218				83						
<i>57.07.100.</i>			-	-		- 1221				
				84	City		FL 85	Zip Co	ce	
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 re			<u> </u>	nt signature requi	red when reinstating)	DATE	~====		
12.		CERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE				
FITLE	PD	LJ		TITLE			CI	iange (Addition	
NAME			1.21	1.2 NAME						
STREET ADDRESS			STREET	ADDRESS				Į,		
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE	VD	니	DELETE 21	TITLE				ange (Addition	
NAME	MASCULINE, BOB		2.2	NAME	- 1	40.				
STREET ADDRESS	4781 LANNIE RO		2.3	STREET	ADDRESS	·				
CITY-ST-7iP	JACKSONVILLE FL			CITY-	ST-ZIP					
THTLE	T		DELETE 3.1	TITLE	Į			iang e	Addition	
NAME	SHEPPARD, THELMA		3.2	NAME			+ P*			
STREET ADDRESS	875 CORNWALLIS DR		3.3	STREET	ADDRESS				İ	
CITY-ST-ZIP	JACKSONVILLE FL			CITY-	ST-ZIP					
TITLE	SD		DELETE 4.1	TITLE			CI	nange	Addition	
NAME	HAYS, DAVE		4.2	NAME					ĺ	
STREET ADDRESS	1112 BALSDEN ROAD)	4.3	STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		4.4	CITY-S	ST-ZIP					
TITLE				TITLE			Ci	ange	Addition	
NAME			5.2	NAME						
STREET ADDRESS			STREET ADDRESS					i		
CITY-ST-ZIP	•			CITY-S					Ţ	
TITLE				TITLE			□ CI	nange	Addition	
NAME				NAME				-		
STREET ADDRESS			1		ADDRESS				1	
				CITY-5						
CITY-ST-ZIP	ov certify that the information	a supplied with this filing doe				d in Section 119 07(3)(i) Florida Statute	e I further certif	v that th		

4. For nevery certify that the information supplied with this hilling does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. 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 cath; 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 816ck 13 if changed, or on an attachment with an address.

SIGNATURE

MATURE AND TYPED OF SINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97(904)757-9472