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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02566

1. Corporation Name

EAGLE'S VIEW BAPTIST CHURCH, INC.

Principal Place of Business

C/O LARRY P. SOLANO
 7800 RAMONA BLVD.
 JACKSONVILLE FL 32221
 US

Mailing Address

C/O LARRY P. SOLANO
 7800 RAMONA BLVD.
 JACKSONVILLE FL 32221
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/16/1984

4. FEI Number

59-2347706

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

9. Name and Address of Current Registered Agent

SOLANO, LARRY
10039 PLANK LANE
JACKSONVILLE FL 32220

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

Larry Solano *Larry Solano*

2-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **PD**
 STREET ADDRESS **SOLANO, LARRY P.**
 CITY-ST-ZIP **10039 PLANK LANE**
JACKSONVILLE FL

TITLE ☐ DELETE
 NAME **VD**
 STREET ADDRESS **CAMPER, TOM**
 CITY-ST-ZIP **7668 GORDEAN ST.**
JACKSONVILLE FL

TITLE ☐ DELETE
 NAME **TD**
 STREET ADDRESS **CHEWNING, JESSE S.**
 CITY-ST-ZIP **4911 PERRINE DR.**
JACKSONVILLE FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME **PD**
 1.3 STREET ADDRESS **SOLANO, LARRY P.**
 1.4 CITY-ST-ZIP **4991 PERRINE DR.**
JACKSONVILLE, FL 32210

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME **Tr**
 2.3 STREET ADDRESS **DUPREE, BRUCE**
 2.4 CITY-ST-ZIP **10315 OLD PLANK ROAD**
JACKSONVILLE, FL 32220

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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:

Larry Solano *Larry Solano*

2-1-99

904-778-1013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)