

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04482** (8)

1. Corporation Name

JENKS AVENUE CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

**3332 JENKS AVE.
PANAMA CITY FL 32405
US**

**P.O. BOX 1516
LYNN HAVEN FL 32444
US**

3. Date Incorporated or Qualified
08/01/1984

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2270658

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

**REECE, JACK E.
202 HARBOUR POINTE DRIVE
LYNN HAVEN FL 32444**

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

TITLE **VD** ☐ DELETE

NAME **PIPPIN, M.C.**
STREET ADDRESS **5408 WHITNEY DR.**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **PD** ☐ DELETE

NAME **WILSON, GILBERT**
STREET ADDRESS **1212 W 22ND STREET**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ DELETE

NAME **HOLSOMBAKE, JIM**
STREET ADDRESS **201 TIMBER LANE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ DELETE

NAME **CALHOUN, PAUL**
STREET ADDRESS **1800 MASSACHUSETTS AVE.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D** ☐ DELETE

NAME **BACKUS, ROBERT**
STREET ADDRESS **1800 NEW JERSEY**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **ST** ☐ DELETE

NAME **BURLESON, HAYES H.**
STREET ADDRESS **3908 SOLANO ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

107 TIMBER LANE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Hayes H. Burleson, Jr.

HAYES H. BURLESON, JR.

2/6/96

(904) 763-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)