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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N04482**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/01/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2270658 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PIPPIN, M.C.		1.2 NAME	
STREET ADDRESS	5408 WHITNEY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKEAND, DALE		2.2 NAME	
STREET ADDRESS	114 CANDLEWICK CR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLSOMBAKE, JIM		3.2 NAME	
STREET ADDRESS	201 TIMBER LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CALHOUN, PAUL		4.2 NAME	
STREET ADDRESS	1800 MASSACHUSETTS AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BACKUS, ROBERT		5.2 NAME	
STREET ADDRESS	1800 NEW JERSEY		5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BURLESON, HAYES H.		6.2 NAME	
STREET ADDRESS	107 TIMBER LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		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: SIGNATURE REQUIRED 1-27-99 (800) 234-0273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)