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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N04616

1. Corporation Name

BAYMEADOWS COMMUNITY CHURCH, INC.

155277 90073 14

Principal Place of Business

C/O JOEL A DEBOER
4900 BAYMEADOWS ROAD
JACKSONVILLE FL 32217
US

Mailing Address

C/O JOEL A DEBOER
4900 BAYMEADOWS ROAD
JACKSONVILLE FL 32217
US



2. Principal Place of Business

21 4900 BAYMEADOWS Rd

2a. Mailing Address

26 4900 BAYMEADOWS Road

3. Date Incorporated or Qualified

08/08/1984

Suite, Apt. #, etc.

22 JACKSONVILLE

Suite, Apt. #, etc.

27 JACKSONVILLE FL

4. FEI Number

59-1719410

Applied For

Not Applicable

City & State

23 FL 32217

City & State

28 32217 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip Country

24 25 US

Zip Country

29 30 US

9. Name and Address of Current Registered Agent

DEBOER, JOEL A.
4900 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name DAN Scott

82 Street Address (P.O. Box Number is Not Acceptable)

4900 BAYMEADOWS Road

83 JACKSONVILLE

84 City

FL

85 Zip Code

32217

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

Dan Scott

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, DAVID
STREET ADDRESS 8824 RUNNYMEADE ROAD
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

TITLE D
NAME HIMES, JIM
STREET ADDRESS 4839 LATIMER ROAD S
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

TITLE S
NAME VOSTEEN, JIM
STREET ADDRESS 3396 PICKWICK DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

TITLE T
NAME HYDE, SUSAN D.
STREET ADDRESS 11665 STARFISH AVENUE
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

TITLE V
NAME SCHMELZ, WAYNE
STREET ADDRESS 5039 LINCOLNSHIRE ROAD
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

TITLE D
NAME NOBLE, WAYNE
STREET ADDRESS 4623 GOLDEN SPIKE COURT
CITY-ST-ZIP JACKSONVILLE FL
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JAY Schmidt
1.3 STREET ADDRESS 3539 BARBIZON Ct
1.4 CITY-ST-ZIP JACKSONVILLE FL 32257
 Change Addition

2.1 TITLE D
2.2 NAME Thelma Merritt
2.3 STREET ADDRESS 9061 Moorgate Ct
2.4 CITY-ST-ZIP JACKSONVILLE FL 32257
 Change Addition

3.1 TITLE P
3.2 NAME DAN Scott
3.3 STREET ADDRESS 39 Belmont Blvd
3.4 CITY-ST-ZIP ORANGE PARK FL 32073
 Change Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN D Hyde, Treasurer 2/10/99

Date

Daytime Phone #

CR2E037 (11/98)