

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08335 (4)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF ARGYLE, INC.**



Principal Place of Business: **6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244**  
Mailing Address: **6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244**

3. Date Incorporated or Qualified: **03/25/1985**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2452062**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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  
**DRINNON, HENRY  
2314 TORBAY DR  
JACKSONVILLE FL 32073**

10. Name and Address of New Registered Agent  
81 Name: **GILLEN, KENT**  
82 Street Address (P.O. Box Number is Not Acceptable): **8533 CROSS TIMBERS DRIVE W**  
83  
84 City: **JACKSONVILLE, FL** 85 Zip Code: **32244**

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: *Kent Gillen* **Kent Gillen** *Treasurer 4/7/96*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |
|----------------------------|-----------------------------------|---|-------------------------------|
| TITLE                      | <b>P</b>                          | 1.1 TITLE   | <b>P</b>                      |
| NAME                       | <b>SHOCKLEY, FRANK</b>            | 1.2 NAME  | <b>McDowell, Mel</b>          |
| STREET ADDRESS             | <b>8126 POE COURT</b>             | 1.3 STREET ADDRESS                                    | <b>3466 Red Oak Circle</b>    |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>            | 1.4 CITY-ST-ZIP                                       | <b>Jacksonville, FL 32244</b> |
| TITLE                      | <b>VP</b>                         | 2.1 TITLE   | <b>VP</b>                     |
| NAME                       | <b>MCDOWELL, MELVIN</b>           | 2.2 NAME  | <b>Gay, Dennis</b>            |
| STREET ADDRESS             | <b>3466 RED OAK CIRCLE</b>        | 2.3 STREET ADDRESS                                    | <b>8573 Echoridge Ct.</b>     |
| CITY-ST-ZIP                | <b>ORANGE PARK FL</b>             | 2.4 CITY-ST-ZIP                                       | <b>Jacksonville, FL 32244</b> |
| TITLE                      | <b>TD</b>                         | 3.1 TITLE   |                               |
| NAME                       | <b>BROWN, ROBERT</b>              | 3.2 NAME  |                               |
| STREET ADDRESS             | <b>8149 CHOLO TRAIL</b>           | 3.3 STREET ADDRESS                                    |                               |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>            | 3.4 CITY-ST-ZIP                                       |                               |
| TITLE                      | <b>SD</b>                         | 4.1 TITLE   | <b>SD</b>                     |
| NAME                       | <b>GILLEN, JERRY K</b>            | 4.2 NAME  | <b>Rohrer, David</b>          |
| STREET ADDRESS             | <b>8533 CROSS TIMBERS DRIVE W</b> | 4.3 STREET ADDRESS                                    | <b>6073-A Pro's Nest Ct.</b>  |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>            | 4.4 CITY-ST-ZIP                                       | <b>Jacksonville, FL 32212</b> |
| TITLE                      | <b>D</b>                          | 5.1 TITLE   | <b>D</b>                      |
| NAME                       | <b>CONNORS, VINCENT</b>           | 5.2 NAME  | <b>Gugliotta, Tom</b>         |
| STREET ADDRESS             | <b>8559 RAMPART RD.</b>           | 5.3 STREET ADDRESS                                    | <b>8228 Weybridge Dr.</b>     |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>            | 5.4 CITY-ST-ZIP                                       | <b>Jacksonville, FL 32244</b> |
| TITLE                      | <b>D</b>                          | 6.1 TITLE   | <b>7000017868</b>             |
| NAME                       | <b>GILLEN, KENT</b>               | 6.2 NAME  | <b>-04/19/96--01019--024</b>  |
| STREET ADDRESS             | <b>8533 CROSS TIMBERS DR., W.</b> | 6.3 STREET ADDRESS                                    | <b>***61.25</b>               |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>            | 6.4 CITY-ST-ZIP                                       |                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
Change  Addition   
Change  Addition   
Change  Addition   
Change  Addition   
Change  Addition   
Change  Addition   
Change  Addition   
Change  Addition

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: *Kenneth C. Ouel* **PASTOR** (904) 777-1238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-18-96  
JK