

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:44

DOCUMENT # N11177 (5)

1. Corporation Name

AMERICAN CHRISTIAN TELEVISION SYSTEM OF JACKSONVILLE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ATTN: MR. BEATTY
4401 GEORGETOWN DRIVE
JACKSONVILLE FL 32210-4708

ATTN: MR. BEATTY
4401 GEORGETOWN DRIVE
JACKSONVILLE FL 32210-4708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1985

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2762444

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4401 Georgetown Dr.

26 4401 Georgetown Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 Zip

25 Country USA

29 Zip

30 Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒

\$68.75 Supplemental Fee Not Required

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

SIMONIC, NICHOLAS T.
1625 EMERSON STREET
JACKSONVILLE FL

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME PRINGLE, JAMES K.
STREET ADDRESS 8545 CROSS TIMBERS DR. W
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME PRINGLE, RITA A.
STREET ADDRESS 8545 CROSS TIMBERS DR. W
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST
NAME WARD, CARLOS
STREET ADDRESS 170 URSA ST
CITY-ST-ZIP ORANGE PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #1 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 110.07(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 addendum.

SIGNATURE:

James K. Pringle, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES K. PRINGLE, SR. 3/16/95 904-771-8905
Date (Optional Phone #)