

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N12130** (3)

1. Corporation Name

GARDEN CITY BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
2763 DUNN AVENUE JACKSONVILLE FL 32218-1695	2763 DUNN AVENUE JACKSONVILLE FL 32218-1695

3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 03/31/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2244746	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

PACE, JUNE
14172 PACE ROAD
JACKSONVILLE FL 32218

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

41. 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.

June Pace Financial Secretary

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 <input type="checkbox"/> DELETE	1.1 TITLE	900001812589 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWELL, WALLACE	1.2 NAME	-05/08/96--01010--010
STREET ADDRESS	16173 BLYLER RD	1.3 STREET ADDRESS	***70.00
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLYLER, TAMRA J	2.2 NAME	Trustee
STREET ADDRESS	4021 RANIE ROAD	2.3 STREET ADDRESS	Kenneth N Spaulding
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	11857-1 Duval Road
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEWELL, SUSAN E.	3.2 NAME	Treasurer
STREET ADDRESS	16111 HARGETT RD	3.3 STREET ADDRESS	Linda Goff
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Route 3, box 848
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HOWARD	4.2 NAME	Callahan, Fl 32011
STREET ADDRESS	11943 ARMSDALE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Financial Secretary
STREET ADDRESS		5.3 STREET ADDRESS	June Pace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	14172 Pace Road
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Jacksonville, Fl 32218
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

44. 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: **June Pace** *June Pace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96
Date

904-768-9447
Daytime Phone #

CR2E037 (12/95)