

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

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JACKSONVILLE FL 32218-1695



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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACE, JUNE
14172 PACE ROAD
JACKSONVILLE FL 32218

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 June Pace Financial Secretary

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	PD	1.1 TITLE	900001812589
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	2.1 TITLE	Trustee
NAME	BLYLER, TAMRA J	2.2 NAME	Kenneth N Spaulding
STREET ADDRESS	4021 RANIE ROAD	2.3 STREET ADDRESS	11857-1 Duval Road
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	TD	3.1 TITLE	Treasurer
NAME	JEWELL, SUSAN E.	3.2 NAME	Linda Goff
STREET ADDRESS	16111 HARGETT RD	3.3 STREET ADDRESS	Route 3, box 848
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	D	4.1 TITLE	
NAME	WELLS, HOWARD	4.2 NAME	
STREET ADDRESS	11943 ARMSDALE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Financial Secretary
NAME		5.2 NAME	June Pace
STREET ADDRESS		5.3 STREET ADDRESS	14172 Pace Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: June Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-96

Daytime Phone #

904-768-9447

CR2E037 (12/95)