FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N12130

(3)

2a. Mailing Address

City & State

ALLAS COLDS IN IS IN COLD STORE PACE

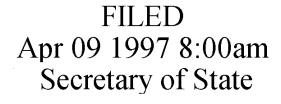
Suite, Apt. #, etc.

26

27

GARDEN CITY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
769 DUNN AVENUE ACKSONVILLE FL 32218-1695	2763 DUNN AVENUE JACKSONVILLE FL 32218-4658





3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 11/18/1985

59-2244746

5. Certificate of Status Desired

4. FEI Number

City & Stat	te	City & Stat	e			6. Election Campaign Financing		\$5.00	May Be	
3		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Co	untry	, – – .–	8. This corporation has liability for intangible tax		ax under s.	199.032,	
4					Florida Statutes 🔲 Yes 🕱 No					
	9. Name and Address of Current		10. Name and Address of New Registered Agent							
				81	Name					
PACE, JU	UNE			82	Street Addre	ss (P.O. Box Number is Not Acceptable	le)			
14172 PACE ROAD JACKSONVILLE FL 32218			Officer Address (1.0. Box (difficer is Not Acceptable)							
			83							
				84	0.7			Tag 1 700 2		
				84	City		FL	85 Zip (J000	
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										
	Signature, typed or printed name of registered agent			d Age	nt signature required		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	PD		DELETE 1.17	ITLE			ı	Change	Addition	
NAME	JEWELL, WALLACE		1.2 N	IAME	1					
STREET ADDRESS	16173 BLYLER RD		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			ITY-S	T-ZIP					
TITLE	T	X	DELETE 2.1 T	ITLE]			☐ Change	Addition	
NAME	SPAULDING, KENNETH N	• •	2.2 N	AME					ĺ	
STREET ADDRESS	11857-1 DUVAL RD.		235	TREET	ADDRESS				Ì	
CITY-ST-ZIP	JACKSONVILLE FL 32218		2, 41	DITY-S	ST-21P				1	
TITLE.	Ť		DELETE 3.1T	ITLE				Change	Addition	
NAMÉ	GOFF, LINDA		32 N	AME						
STREET ADDRESS	RT 3 BOX 848		3.3 \$	TREET	ADDRESS				1	
CITY-ST-ZIP	CALLAHAN FL 32011		34.0	NY-S	IT-ZIP					
TITLE	D		DELETE 4.1 T					Change	Addition	
NAME	WELLS, HOWARD		4.21	AME						
STREET ADDRESS	11943 ARMSDALE RD.		435	TREET	ADDRESS)	
CITY-ST-ZIP	JACKSONVILLE FL		1	(TY-S	1				}	
TITLE	FS		DELETE 5.1 TI					Change	Addition	
NAME	PACE, JUNE		5.2 N		ĺ		-	-	_	
STREET ADDRESS	14172 PACE RD.		4		ADDRESS				ľ	
CITY-ST-ZIP	JACKSONVILLE FL 32218			TY-81					1	
TITLE	OF THE PERSON OF	П	DELETE 6.1 T		1 - 6.71		Т	Change	Addition	
NAME		دي	6.2 N		1		-			
STREET ADDRESS					ADDRESS				}	
	1		1		ì				}	
CITY-ST-ZIP	by certify that the information supplied	with this filing doe		11Y-S1		n Section 119 07(3)(i) Florida Statutes	I further o	certify that t	he	
informatio	14. I do 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 florther 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 effects entirely 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 i	appears in Block 12 or Block 13 if changed, or on an attachment with an address.									