

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90004 032 \*\*\*\*61.25

**DOCUMENT # N12130**

1. Corporation Name

**GARDEN CITY BAPTIST CHURCH, INC.**

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

Mailing Address  
**2763 DUNN AVENUE  
JACKSONVILLE FL 32218-1695**

3 4 1 8 5 6  
\* 341856 - 90004 - 32 \*



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**11/18/1985**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2244746**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

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** ☐ DELETE

NAME **JEWELL, WALLACE**  
STREET ADDRESS **16173 BLYLER RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **T** ☐ DELETE

NAME **GOFF, LINDA**  
STREET ADDRESS **RT 3 BOX 848**  
CITY-ST-ZIP **CALLAHAN FL 32011**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **WELLS, HOWARD**  
STREET ADDRESS **11943 ARMSDALE RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☒ Change ☐ Addition

TITLE **FS** ☐ DELETE

NAME **HARPER, SHERRY L**  
STREET ADDRESS **2737 DUNN AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-99** **904-768-9447**  
Date Daytime Phone #

CR2E037 (11/98)