NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N12130

1. Corporation Name

GARDEN CITY BAPTIST CHURCH, INC.

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2763 DUNN AVENUE JACKSONVILLE FL 32218-1695

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

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

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3. Date Incorporated or Qualifed

21		26				11/16/1900			
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.			4. FEI Number		Appli	ied For
22		27				59-22447 <u>46</u>		Not /	Applicable
City & State	9	City & State	.	-		5. Certifcate of Status Desired		\$8.75 Add	
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00 M	av Be
24	25	29	30			Trust Fund Contribution		Added to	
9. Name and Address of Current Registered Agent						10. Name and Address of New F	Registered A	gent	
				81	Name				
BAGE HINE						1 (S.O. D. M. havis Not Second	LI_\		
PACE, JUNE					Street A	ddress (P.O. Box Number is Not Accept	able)		
14172 PACE ROAD									
JACKSONVILLE FL 32218									
				84	City		FL	85 Zip Co	
office or re	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such chai	nge was autho	inzed by i	me condoi	corporation submits this statement for the ration's board of directors. I hereby acceptation	purpose of on the purpoir	hanging its re tment as regis	gistered stered
_	m ramiliai with, and accept the obligatio	01, 0000011 011	, 1 101100						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Reg	istered Ageni	signature rec	quired when reinstating)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TILE	PD		DELETE	1.1 TITLE				Change	☐ Addition
NAME	JEWELL, WALLACE			1.2 NAME					
STREET ADDRESS	16173 BLYLER RD			1.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST	-ZIP				
TITLE	T.		DELETE	21 TITLE			•	Change	☐ Addition
NAME	GOFF, LINDA			2.2 NAME	1				
STREET ADDRESS	RT 3 BOX 848			2.3 STREET	ADDRESS				1
				2.4 CITY-5	1				1
CITY-ST-ZIP	CALLAHAN FL 32011	F	DELETE	3.1.TITLE		Document		Change	Addition
	D WELLO HOWARD	A.		3.2 NAME	1	Deacon		A	Į
NAME	WELLS, HOWARD			3.3 STREET		Slöan, Walter			1
STREET ADDRESS	11943 ARMSDALE RD.				ŀ	1926 VanSickle Rd			
CITY-ST-ZIP	JACKSONVILLE FL		DELETE	3.4, CITY-5 4.1 TITLE	1-ZIP	Jacksonville, FL 322	18	Change	Addition
TITLE	FS		Jack I L	4.2 NAME				_ •	_
NAME	HARPER, SHERRY L				10000000				Ì
STREET ADDRESS	2737 DUNN AVE			4.3 STREET	l.				
CITY-ST-ZIP	JACKSONVILLE FL 32218		DELETE.	4.4 CITY-ST	-ZIP			☐ Change	☐ Addition
TITLE		<u>.</u>	DELETE	5.1 TITLE	İ			origingo	
NAME				5.2 NAME	ADDDESS				
STREET ADDRESS				5.3 STREET					1
CITY-ST-ZIP	<u> </u>	·		5.4 CITY-ST	-ZIP			Choose	Addition
TITLE .			DELETE	6.1 TITLE				Change	
NAME			` ' · · · · I	6.2 NAME			• •		
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST	-ZIP	يستد ديا ومسمع المتاما متاه الحاف	- 		

I 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 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, with all other like empowered.

SIGNATURE: