

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

DOCUMENT # N12896 (9)

1. Corporation Name

ISLAND VIEW BAPTIST CHURCH CHILD CARE CENTER, IN C.

Principal Place of Business

Mailing Address

**900 PARK AVENUE
ORANGE PARK FL 32073**

**900 PARK AVENUE
ORANGE PARK FL 32073**



3. Date Incorporated or Qualified

01/08/1986

3a. Date of Last Report

02/22/1995

4. FEI Number

59-2634920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFMAN, DR. JAMES F., JR.
900 PARK AVE
ISLAND VIEW BAPTIST CHURCH
ORANGE PARK FL 32073**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D MAULE, ANN**
STREET ADDRESS **8236 SAN POINT DR S**
CITY-ST-ZIP **JACKSONVILLE FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D SCOTT, SHIRLEY**
STREET ADDRESS **7251 GREENWAY DR**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **DP HOFFMAN, TERESA**
STREET ADDRESS **5432 GORDON CT**
CITY-ST-ZIP **ORANGE PARK FL**

3.2 NAME **DP EASON, FRANK**
3.3 STREET ADDRESS **5024 PINE AVENUE**
3.4 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **D HELMEY, SUSAN**
STREET ADDRESS **5081 HARVEY GRANT RD**
CITY-ST-ZIP **ORANGE PARK FL**

4.2 NAME **D WALDEN, KAY**
4.3 STREET ADDRESS **2837 GREENRIDGE ROAD**
4.4 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **D CROOK, TANYA**
STREET ADDRESS **212 SIX POND TRAIL**
CITY-ST-ZIP **GREEN COVE SPRINGS, F**

5.2 NAME **D SNYDER, RHONDA**
5.3 STREET ADDRESS **4821 PINE AVENUE**
5.4 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME **D BOOTH, JIM**
STREET ADDRESS **4358 RAGGEDY PT RD**
CITY-ST-ZIP **ORANGE PARK FL**

6.2 NAME **D CANNADY, LEE**
6.3 STREET ADDRESS **3600 MOODY AVENUE**
6.4 CITY-ST-ZIP **ORANGE PARK FL 32065**

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:

Ann H. Maule

Ann Maule, Director

3-4-96

904-264-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)