

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12896** (9)

1. Corporation Name

ISLAND VIEW BAPTIST CHURCH CHILD CARE CENTER, IN C.

Principal Place of Business

Mailing Address

**800 PARK AVENUE
ORANGE PARK FL 32073**

**800 PARK AVENUE
ORANGE PARK FL 32073-4120**



3. Date Incorporated or Qualified 01/08/1986	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2634920		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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**

61 Name Frank Eason
62 Street Address (P.O. Box Number is Not Acceptable) 5024 Pine Avenue
63
64 City Orange Park, FL
65 Zip Code 32073

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 *Frank Eason* **Frank Eason, Chairman of CCC Board** **3-20-97**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULE, ANN	1.2 NAME	
STREET ADDRESS	8236 SAN POINT DR S	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SHIRLEY	2.2 NAME	
STREET ADDRESS	7251 GREENWAY DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32244	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASON, FRANK	3.2 NAME	
STREET ADDRESS	5024 PINE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, KAY	4.2 NAME	
STREET ADDRESS	2837 GREENRIDGE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RHONDA	5.2 NAME	
STREET ADDRESS	4821 PINE AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADY, LEE	6.2 NAME	
STREET ADDRESS	3600 MOODY AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	6.4 CITY - ST - ZIP	

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 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 Maule* **Ann Maule, Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97
Date Daytime Phone # 0001048

CR2E037 (9/96)