


FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>900 PARK AVENUE ORANGE PARK FL 32073</b>	Mailing Address <b>900 PARK AVENUE ORANGE PARK FL 32073</b>
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3. Date Incorporated or Qualified <b>01/08/1986</b>	
4. FEI Number <b>59-2634920</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**EASON, FRANK  
5024 PINE AVENUE  
ISLAND VIEW BAPTIST CHURCH  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name <b>Anne Miller</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2281 Kensington Lane</b>	
83 City <b>Orange Park, FL 32073</b>	
84 City <b>Orange Park, FL</b>	85 Zip Code <b>32073</b>

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 *Anne H. Miller* 3/18/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MAULE, ANN 8236 SAN POINT DR S JACKSONVILLE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11303-1 Branen Field Rd. 32222</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCOTT, SHIRLEY 7251 GREENWAY DR JACKSONVILLE FL 32244</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Corbin, Becky 1401 Kettering Way Orange Park, FL 32073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP EASON, FRANK 5024 PINE AVE ORANGE PARK FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Schrivier, Linda 6824 Candlewood Drive Jacksonville, FL 32244</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WALDEN, KAY 2837 GREENRIDGE ROAD ORANGE PARK FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DP Mille, Anne 2281 Kensington Lane Orange Park, FL 32073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SNYDER, RHONDA 4821 PINE AVE ORANGE PARK FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hertwig, Rhonda</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CANNADY, LEE 3600 MOODY AVE ORANGE PARK FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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.

SIGNATURE: *Anne H. Miller* 3-1-98 693-7500  
Signature, typed or printed name of signing officer or director

CR2E037 (10/97)