

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N16900 (5)</b> 1. Corporation Name <b>FAITH CHAPEL OF JAX, INC.</b>			
Principal Place of Business		Mailing Address	
592 ELLIS RD., SUITE 116 JACKSONVILLE FL 32254		592 ELLIS RD., SUITE 116 JACKSONVILLE FL 32254-3574	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BLACKBURN, DENNIS L</b> <b>225 WATER ST</b> <b>SUITE 1800</b> <b>JACKSONVILLE FL 32202</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LYONS, SIMONE D	1.2 NAME	Lyons, Simone D
STREET ADDRESS	RT. 3 BOX 170	1.3 STREET ADDRESS	3305 US Hwy 301
CITY-ST-ZIP	CALLAHAN FL 32011	1.4 CITY-ST-ZIP	Callahan, Fl. 32011
TITLE	STD	2.1 TITLE	VP D
NAME	O'NEAL, BETTY B.	2.2 NAME	Tim Gilligan
STREET ADDRESS	7234 HERNANDO RD	2.3 STREET ADDRESS	4741 S.W. 80th St.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ocala, Fl. 34476
TITLE	VD	3.1 TITLE	ST D
NAME	BARBER, LARRY C	3.2 NAME	Jane Hillman
STREET ADDRESS	RT. 3 BOX 170	3.3 STREET ADDRESS	P O Box 703216/NA
CITY-ST-ZIP	CALLAHAN FL 32201	3.4 CITY-ST-ZIP	Tulsa, Ok. 74170-3216
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: <i>Simone D Lyons</i>		2/4/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E037 (9/96)