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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortiam

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # N16900** 

(5)

Principal Place of Business	Mailing Address
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592 ELLIS RD. SUITE 116	592 ELLIS RD., SUITE 116
JACKSONVILLE FL 32254	JACKSONVILLE FL 32254-3574

**FILED** Apr 11 1997 8:00am Secretary of State

1. Corporation Name  FAITH CHAPEL OF JAX, INC.  Principal Place of Business  Mailing Address  S  S92 ELLIS RD SUITE 116  JACKSONVILLE FL 32254  JACKSONVILLE FL 32254-3574						
				3. Date Incorporated or Qualified 09/19/1986	3a. Date of La 02/07/	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-2776179		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7 7 7 7	75 Additional e Required
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution	<b>\$</b> 5.	.00 May Be ded to Fees
Zip 4	Country 25	Zip	Country 30	8. This corporation has liability for		
<u>'                                    </u>	9. Name and Address of Curr			10. Name and Address of New Re	egistered Agent	
			81 Name			
BLACKBURN, DENNIS L 225 WATER ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 18			83			
	NVILLE FL 32202		84 City		<b>—.</b> 85	Zip Code
•				rporation submits this statement for the pation's board of directors. I hereby acce	FLII	
agent. 18 SIGNATURE	,	ligations of, Section 617.0503, Flo	rida Statutes.			
BIGNATURE	Signature, typed or printed name of registrated OFFICERS A	ligations of, Section 617.0503, Flo	:: Registered Agent signature req	ured when reinstalling)  ADDITIONS/CHANGES TO OFFIC	DATE	TORS IN 12
BIGNATURE 2. ITLE	Signature, typed or printed name of registimed	ligations of, Section 617.0503, Flo agent and title if applicable. (NOTE	:: Registered Agent signature req	utied when reinstalling)  ADDITIONS/CHANGES TO OFFICE  PD	DATE CERS AND DIREC	TORS IN 12
SIGNATURE  2.  ITLE IAME	Signature, typed or printed name of registared OFFICERS A PD LYONS, SIMONE D RT. 3 BOX 170	ligations of, Section 617.0503, Flo agent and title if applicable. (NOTE	Registered Agent signature required 13.  1.1 TITLE 1 1.2 NAME 1	uned when reinstalling)  ADDITIONS/CHANGES TO OFFICE PD  Lyons, Simone D	DATE CERS AND DIREC	TORS IN 12
BIGNATURE  2. ITLE IAME TREEL ADDRESS ITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS A PD LYONS, SIMONE D RT. 3 BOX 170 CALLAHAN FL 32011	agent and title if applicable. (NOTE  ND DIRECTORS  DELETE	TIGA STATUTES  Registered Agent signature requirements  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE PD Lyons, Simone D 3305 US Hwy 301	DATE CERS AND DIREC	CTORS IN 12
BIGNATURE  2.  ITLE  HAME  HEEF ADDRESS  DITY-ST-ZIP  HILE	Signature, typed or printed name of registered.  OFFICERS A  PD LYONS, SIMONE D RT. 3 BOX 170 CALLAHAN FL 32011 STD	ligations of, Section 617.0503, Flo agent and title if applicable. (NOTE	TREGISTERS Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE PD Lyons, Simone D 3305 US Hwy 301 Callahan, Fl. 32011 VP D	DATE CERS AND DIRECT Cha	CTORS IN 12 rage Addilio
ELEGNATURE  12.  ITHE  IMME  I	Signature, typed or printed name of registured.  OFFICERS A  PD LYONS, SIMONE D RT. 3 BOX 170 CALLAHAN FL 32011 STD O'NEAL, BETTY B. 7234 HERNANDO RD	agent and title if applicable. (NOTE  ND DIRECTORS  DELETE	TIGA STATUTES  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE AD	DATE CERS AND DIRECT Cha	CTORS IN 12
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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.

Daytime Phone #0006769