NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State 05-06-1999 90010 029 ****61.25

FILED

ANNUAL REPORT

1999

DOCUM	MENT # N16900	כ			
1. Corporation Name					
FAITH CI	HAPEL OF JAX, INC.			* 5 5 8 3 6 558360 - 90025 - 2	
* 1 1 101	40 sleep	Mailing Address			
Principal Place		592 ELLIS RD., SUITE 116		E COMPOSED DES ELECT CITIE (1914) BOIST FAST CIT	DA BABAR BABAL BERMA BEBEL BUDA 14 DE
592 ELLIS RD SUITE 116 JACKSONVILLE FL 32254 592 ELLIS RD SUITE 116 JACKSONVILLE FL 32254					
2. Principal Pl	ace of Business	2a. Mailing Address	<u></u>	3. Date incorporated or Qualifed	
21		26		09/19/1986 4. FEI Number	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		59-2776179	Not Applicable
22		City & State			\$8.75 Additional
City & State	· · · · · · · · · · · · · · · · · · ·			5. Certifcate of Status Desired	Fee Required
Zip	Country	Zip	Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Curre		0	10. Name and Address of New Registr	
	9. Name and Address of Curre	nt registered Agent	81 Name <		
	DA . DELWING !		82 Street Ad	Simone D. LyonS Idress (P.O. Box Number is Not Acceptable)	
BLACKBURN, DENNIS L 225 WATER ST			3305 US Hwy 301		
SUITE 180			83		1
	N VILLE FL 32202		84 City		85 Zip Code
			1 1 1 7		FL 32254
11. Pursuant i	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	, the above-named co	rporation submits this statement for the purpor	se of changing its registered
		nof Fiorida, Such change was aut	nonzed by the corpora	ition's board of directors. I neceby accept the t	rbbownmeur as redisco.on
office or n agent. I a	egistered agent, or both, in the State m familiar with and accept the oblig	of Florida. Such change was aut ations of Baction 617.0503, Florid	horized by the corpora la Statutes.		
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14. hereby certify that the information supplied with this filing does not qualify for the examption 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 accurage 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 charged, or on an attachment with an address, with an other-like empowered.

SIGNATURE:

4/28/99

904-283-8346