

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jun 03 1998 8:00am
Secretary of State**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**NON-PROFIT
CORPORATION
ANNUAL REPORT
1998**

DOCUMENT # N17654 (7)
1. Corporation Name:
**CHURCH OF GOD AND SAINTS OF CHRIST
TABERNACLE #1 (ONE)
JACKSONVILLE, FLA. INC.**

Principal Place of Business: **3401 STUART STREET JACKSONVILLE, FL 32209**
Mailing Address: **3401 STUART STREET JACKSONVILLE, FL 32209**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State. 23 Zip. 24 Country. 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State. 28 Zip. 29 Country. 30

3. Date of Incorporation or Qualification: **11/04/86**
4. Fd Number: **NOT APPLICABLE** Applied For: Not Applicable
5. **NOT APPLICABLE** \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent:
**EAVES, SAMUEL JOSEPH, I
3401 STUART STREET
JACKSONVILLE, FL 32209**

10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0562 and 607.1508, 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 607.0565, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS:
P
TITLE: **EAVES, Evelyn** DELETE
NAME: **2259 Courtney Drive**
STREET ADDRESS: **Jacksonville, FL 32208**
CITY-ST-ZIP:
V
TITLE: **LEGREE, Beverly** DELETE
NAME: **2040 Wells Road, #4H**
STREET ADDRESS: **Orange Park, FL 32073**
CITY-ST-ZIP:
T/D
TITLE: **EAVES, Mary** DELETE
NAME: **3710 STUART Street**
STREET ADDRESS: **Jacksonville, FL 32209**
CITY-ST-ZIP:
37D
TITLE: **JONES, Abigail E.** DELETE
NAME: **3416 Stuart Street**
STREET ADDRESS: **Jacksonville, FL 32209**
CITY-ST-ZIP:
D
TITLE: **TURNER, Jewel E.** DELETE
NAME: **862 Tammy Cove Drive**
STREET ADDRESS: **Jacksonville, FL 32218**
CITY-ST-ZIP:
Y

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
 Change Addition
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-ST-ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:
17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-ST-ZIP:
21. TITLE: Change Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-ST-ZIP:
25. TITLE: Change Addition
26. NAME:
27. STREET ADDRESS:
28. CITY-ST-ZIP:
29. TITLE: Change Addition
30. NAME:
31. STREET ADDRESS:
32. CITY-ST-ZIP:
33. TITLE: Change Addition
34. NAME:
35. STREET ADDRESS:
36. CITY-ST-ZIP:
37. TITLE: Change Addition
38. NAME:
39. STREET ADDRESS:
40. CITY-ST-ZIP:
41. TITLE: Change Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:
45. TITLE: Change Addition
46. NAME:
47. STREET ADDRESS:
48. CITY-ST-ZIP:
49. TITLE: Change Addition
50. NAME:
51. STREET ADDRESS:
52. CITY-ST-ZIP:
53. TITLE: Change Addition
54. NAME:
55. STREET ADDRESS:
56. CITY-ST-ZIP:
57. TITLE: Change Addition
58. NAME:
59. STREET ADDRESS:
60. CITY-ST-ZIP:
61. TITLE: Change Addition
62. NAME:
63. STREET ADDRESS:
64. CITY-ST-ZIP:
65. TITLE: Change Addition
66. NAME:
67. STREET ADDRESS:
68. CITY-ST-ZIP:
69. TITLE: Change Addition
70. NAME:
71. STREET ADDRESS:
72. CITY-ST-ZIP:
73. TITLE: Change Addition
74. NAME:
75. STREET ADDRESS:
76. CITY-ST-ZIP:
77. TITLE: Change Addition
78. NAME:
79. STREET ADDRESS:
80. CITY-ST-ZIP:
81. TITLE: Change Addition
82. NAME:
83. STREET ADDRESS:
84. CITY-ST-ZIP:
85. TITLE: Change Addition
86. NAME:
87. STREET ADDRESS:
88. CITY-ST-ZIP:
89. TITLE: Change Addition
90. NAME:
91. STREET ADDRESS:
92. CITY-ST-ZIP:
93. TITLE: Change Addition
94. NAME:
95. STREET ADDRESS:
96. CITY-ST-ZIP:
97. TITLE: Change Addition
98. NAME:
99. STREET ADDRESS:
100. CITY-ST-ZIP:

14. I hereby certify that the information supplied in this filing was not exactly for the corporation stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this annual report or supplementary statement.

SIGNATURE: **Samuel J. Eaves, Jr.**
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/98 (904) 358-2291

CR2E034 (10/97)