

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # **N20212** (9)

1. Corporation Name

BLAIR ROAD BAPTIST CHURCH, INC.



Principal Place of Business
Mailing Address
**% L.R. EDDINS, JR.
2197 BLAIR ROAD
JACKSONVILLE FL 32221**
**% L.R. EDDINS, JR.
2197 BLAIR ROAD
JACKSONVILLE FL 32221-2057**

2. Principal Place of Business

21 Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**EDDINS, L.R., JR.
2197 BLAIR ROAD
JACKSONVILLE FL 32221**

| | | |
|---|--|-------------|
| 3. Date Incorporated or Qualified 04/17/1987 | 3a. Date of Last Report 03/08/1996 | |
| 4. FEI Number 65-0085337 | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 10. Name and Address of New Registered Agent | | |
| 81 Name | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | |
| 84 City | FL | 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | |
|---|---------------------------------------|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD | NAME EDDINS, L.R., JR. | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2197 BLAIR ROAD | CITY-ST-ZIP JACKSONVILLE FL | | | |
| TITLE SD | NAME WIMBERLEY, ERMA | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 10206 CRYSTAL SPRINGS RD | CITY-ST-ZIP JACKSONVILLE FL | | | |
| TITLE TD | NAME MOORE, LEE | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 10270 OLD GAINESVILLE RD | CITY-ST-ZIP JACKSONVILLE FL | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 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: *S. R. Eddins, Jr.*

3-24-97 704-695-2903

CR2E037 (9/96)