

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1997 8:00am
Secretary of State

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

DOCUMENT # N21079 (1)

1. Corporation Name
SILVER GLYN BAPTIST CHURCH, INC.



Principal Place of Business 115 ARLINGTON ROAD NORTH JACKSONVILLE FL 32211	Mailing Address 115 ARLINGTON ROAD NORTH JACKSONVILLE FL 32211-7863
--	---

3. Date Incorporated or Qualified 06/09/1987	3a. Date of Last Report 02/13/1996
4. FEI Number 59-1091468	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent MAHON, HARRY B. 350 EAST ADAMS STREET JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent
---	--

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRAHAM, EARL		1.2 NAME				
STREET ADDRESS	8307 EATON AVE		1.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BROWN, KEVIN		2.2 NAME				
STREET ADDRESS	7029 BERRY AVE		2.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DIHEL, TRACEY		3.2 NAME				
STREET ADDRESS	7149 WENDY CIR		3.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BECKLEY, WARREN		4.2 NAME				
STREET ADDRESS	1251 E. LAMANTO AVE.		4.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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: *Tracey Dihel* Tracey Dihel 1-6-97 (904) 725-6944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006432

CR2E037 (9/96)