

FILE NOW: FILING FEE IS \$61.25

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90090 038 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N21079

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



| | | |
|--|-------------------------|---|
| 21. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 06/09/1987 |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-1091468 |
| 23. City & State | 27. City & State | Applied For Not Applicable |
| 24. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25. Country | 29. Country | 30. Country |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |

| | | | |
|--|--------------|--|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MAHON, HARRY B. 350 EAST ADAMS STREET JACKSONVILLE FL 32202 | | 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 _____ (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 | BROWN, KEVIN | 1.2 NAME | |
| STREET ADDRESS | 7029 BERRY 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 | WILLIS, NORMAN | 2.2 NAME | |
| STREET ADDRESS | 1715 HOLLY OAK LAKE RD. N | 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 checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECKLEY, WARREN | 4.2 NAME | Feist, Heather |
| STREET ADDRESS | 1251 E. LAMANTO AVE. | 4.3 STREET ADDRESS | 933 Millard Ct. E |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | Jacksonville, FL 32225 |
| 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 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, with all other like empowered.

SIGNATURE: Tracy Dihel SIGNATURE REQUIRED: _____ Date: 3-30-99 Daytime Phone #: (904) 725-6944

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