

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N25650** (5)

1. Corporation Name

THE CHURCH OF OUR LORD AND SAVIOUR JESUS CHRIST, INC.



Principal Place of Business

Mailing Address

8442 NEW KINGS ROAD
JACKSONVILLE FL 32219

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JACKSONVILLE FL 32219

3. Date Incorporated or Qualified
03/29/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3015797

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWERS, ROSE O.
4515 LINCREST DRIVE SOUTH
JACKSONVILLE FL 32208**

81

Name

Rogers Dowling

82

Street Address (P.O. Box Number is Not Acceptable)

3947 Victoria Landing Dr. N.

83

84

City

Jacksonville

FL

85

Zip Code

32208

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

Rogers Dowling

4-28-96

Signature and printed name of registered agent and date of filing (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **GIBSON, JOHN ACE SR.**
STREET ADDRESS **5918 JOHN F.KENNEDY DR.N**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **BROCKINGTON, HAZEL**
STREET ADDRESS **2214 BURPEE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE Change Addition
2.2 NAME *VD Rogers Dowling*
2.3 STREET ADDRESS *3947 Victoria Landing Dr North Jacksonville*
2.4 CITY-ST-ZIP

TITLE **SD** DELETE
NAME **BOWERS, ROSE**
STREET ADDRESS **4515 S. LINCREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** DELETE
NAME **GIBSON, BARBARA J.**
STREET ADDRESS **5918 JOHN F.KENNEDY DR.N**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Barbara J. Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96
Date

Daytime Phone #

CR2E037 (12/95)