FILE NOW: FILING FEE IS \$61.25



Sandra B. Mortham

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | Apr 13 1998 8:00am Secretary of State | | |
|---|---|---|----------------------|--------------------------|--|--------------------|--|
| DOCUI 1. Corporation | MENT # N2718 | 8 (4) | | | | | |
| BEREAN BAPTIST CHURCH OF ORANGE PARK, INC. | | | | | | | |
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| 4459 HIGHWAY 17 SOUTH OPENING PARK EL 20072 | | | | | 3. Date Incorporated or Qualified | | |
| ORANGE PARK FL 32073 ORANGE PARK FL 32073 | | | | | 06/28/1988 4. FEI Number Applied For | | |
| | | | | | 59-1588812 | Not Applicable | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 1 0. Certificate of Status Desired L. | 75 Additional | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | e Required May Be | |
| City & State | 0 | 27 City & State | | | Trust Fund Contribution Added to Fees | | |
| 23 | | 28 | | | 7. Is this nonprofit corporation a homeowners association? Yes No | | |
| Zip | Country | Zip | Count | ry | This corporation owes or has paid the current ye Personal Property Tax due June 30. Yes | ar Intangible | |
| 24 | 9. Name and Address of Currer | 29 3 It Registered Agent | <u> </u> | | Personal Property Tex due June 30. | 1 100 | |
| | | | | 1 Name | | | |
| FULLER, BARRY J. | | | | 2 Street | ddress (P.O. Box Number is Not Acceptable) | | |
| 2301 PARK AVE STE 404 | | | 8 | 3 | | | |
| ORANGE PARK FL 32073 | | | | 4 City | 85 | Zip Code | |
| | | | | ' | FL | , | |
| 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 register 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 register | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE | | | | | | | |
| 12, | Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS | | | gent signature | equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIREC | TOPS IN 12 | |
| TITLE | PD DELETE | | 13. | | | | |
| NAME | NEAL, THOMAS | | 1.2 NAME | | - | | |
| STREET ADDRESS | 6678 RIVER PT RD | | 1.3 STREET ADDRESS | | | ſ | |
| CITY-ST-ZIP | GREEN COVE SPGS FL | | 1.4 CITY-ST-ZIP | | | T KAPPA | |
| TITLE | D TENDED GENDAE | ☐ DELETE | 2.1 TITLE 2.2 NAM | | L_] Ch | nge 🔲 Addition | |
| NAME STREET ADDRESS | | | • | ET ADORESS | | | |
| CITY-ST-ZIP | ORANGE PARK FL | | 2. 4 CITY | | | | |
| TITLE | | | 3.1 TITLE | | □ Cha | nge Addition | |
| NAME | | | 3.2 NAM | | | | |
| STREET ADDRESS | 415 GANO AVENUE ORANGE PARK FL | | • | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | 3.4. CITY | | □ Ch₂ | nge Addition | |
| NAME | · · · · · · · · · · · · · · · · · · · | | 4. 2 NAV | | | | |
| STREET ADDRESS | 2927 MAGNOLIA DR S | | 4.3 STRE | et address | | | |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | | | |
| TITLE | | | 5.1 TITLE | | D XI Cha | nge 🔲 Addition | |
| NAME STREET ADDRESS | | | 5.2 NAMI | | Fox, Howard | | |
| CITY-ST-ZIP | ORANGE PARK FL | | 5.4 CITY | ET ADDRESS - ST - 7IP | 5659 Starlight La Orange Park, FL. 32073 | | |
| TITLE | D | DELETE | 6.1 TITLE | | Che | nge Addition | |
| NAME | CHET, ROBERT | | 6.2 NAM | | | | |
| STREET ADDRESS | 825 MAPLEWOOD | | 6.3 STRE | et address | | ļ | |
| CITY-ST-ZIP | ORANGE PARK FL | 0.01.00 | 6.4 CITY | ST-ZIP | C. C. V. 440 07/0V0 St. 14 0V. 14 0V. | | |

I hereby certify that the Information supplied with this filling 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 12 of Block 12 o

SIGNATURE:

4.6.98 904-264-5333

FILED