FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

FILED								
Apr 17 1998 8:00am								
Secretary of State								

1. Corporation	NENT# N31308	<i>y</i> (U)	•					
	iside presbyterian Chur							
Principal Place of Business Mailing Address					7 1001101 100110101010101010101010101010	. 161. 2.21. 4141		uffet mehtt effit
1901 LEONID R JACKSONVILLE		1901 LEONID ROAD JACKSONVILLE FL 32218		3. Date Incorporated or Qualified 03/22/1989				
					4. FEI Number		I A	pplied For
					59-2950593		N	ot Applicable
21	lace of Business	2a. Mailing Address 26			5. Certificate of Status Desired		· -	Additional lequired
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	_	\$5.00		
City & State		City & State		Trust Fund Contribution		Added t		
23		28		7. Is this nonprofit corporation a h		s associatio O No	?n?	
Zip	Country	Zip	Country		8. This corporation owes or has p			tangible
24	25	29	30		Personal Property Tax due Jun	_		No.
	9. Name and Address of Current				10. Name and Address of New R		igent	
			81 Name	Gres	sch, Becky			
CURTIS, 4320 MC	62 Street 5425	Addre Re	ss (P.Q. Box Number is Not Accepta SSIE Drive	ble)				
JACKSONVILLE FL 32228								
			84 City	acks	sonville	FL	, ,	2 1 18
11. Pursuant i	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	ries, the above-named	corpo	ration submits this statement for the		changing i	its registered
office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was logs of Section 617,0503. F	authorized by the cor Torida Statutes.	rporatio	on's board of directors. I hereby acce	opt the appo	sintment as	s registered
SIGNATURE	Kelus Ones	h				- 411	1198	
SIGNATURE _	Signature, typed or printed name of registered agent		TE: Registered Agent signatur	e required		DATE		
12.	OFFICERS AND		13.	_	ADDITIONS/CHANGES TO OFFI			
TITLE	D SAPERO AMANON	DELETE	1.1 TITLE	** -	. •		Change	Addition
NAME	CARESS, NANCY	ப	1.2 NAME	на Б	rry Lampe 57 Ressie Drive			
STREET ADDRESS	2648 PINE ESTATE RD., SOUTI	п	1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL D	DELETE	1.4 CITY-ST-ZIP	ĻJa	<u>cksonville, FL 3</u>	2218	Change	Addition
TITLE	•		2.1 TITLE				crange	Audition
NAME	HAROLD, JONES 10428 BESSENT RD.N.		2.2 NAME	1				
STREET ADDRESS	JACKSONVILLE FL		2.3 STREET ADDRESS	ľ				
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	+			X Change	Addition
NAME	CURTIS. FREDDY LEE		3.2 NAME	Jo	Haley			
STREET ADDRESS	4320 MCDOWELL ST		3.3 STREET ADDRESS	7ĭ2	26 Ĉedar Point Ro	oad		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY - ST - ZIP		cksonville, Flor:		2226	
TITLE	D	DELETE	4.1 TITLE	+			☐ Change	Addition
NAME]	REIER, GENE		4. 2 NAME]			-	
STREET ADDRESS	920 LAFAYETTE DRIVE		4.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	1				
TITLE	D	DELETE	5.1 TITLE	1			Change	Addition
NAME	PARKER, ROY		5.2 NAME	Je	anne Young			
STREET ADDRESS	7918 CONCORD BL. WEST		5.3 STREET ADDRESS		322 Swarthmore D			
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jac	<u>cksonville, Flor</u>			
TITLE	D	☐ DELETE	6.1 TITLE		<u> </u>		Change	Addition
NAME	GRESCH, BECKY		6.2 NAME	1				
CTREET ADDRESS	5425 RESSIE DRIVE		6.3 STREET ADDRESS	1				l

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 chapter, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

JACKSONVILLE FL