

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32296 (8)

1. Corporation Name

ATLANTIC HIGHLAND (INLAND) BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

%MITCHELL WOODLIEF
503 E. MONROE ST., STE. 1000
JACKSONVILLE FL 32202

%MITCHELL WOODLIEF
503 E. MONROE ST., STE. 1000
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

05/15/1989

3a. Date of Last Report

02/10/1995

4. FEI Number

59-2952440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODLIEF, MITCHELL
%WOODLIEF, RUSH, SMITH & RICHARDSON
503 E. MONROE ST., STE. 1000
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

Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DEAN, RALPH**
STREET ADDRESS **11514 PELHAM COURT**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D WILSON, PAT**
STREET ADDRESS **1649 RIVERVIEW DR**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D SANDERS, ALICE**
STREET ADDRESS **451 MALCROSS AVE**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T BOLSER, KATHERINE L.**
STREET ADDRESS **13178 MT. PLEASANT RD**
CITY-STATE-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Katherine L. Bolser 2/14/96 221-9016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)