FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

BOY 72 4-6553

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33017

(7)

SOUTH JACKSONVILLE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address						
•						
1824 DEAN ROAD Jacksonville fl 32216		1824 DEAN ROAD JACKSONVILLE FL 32216-4	1824 DEAN ROAD JACKSONVILLE EL 32216-4500			
US		US				
						3. Date Incorporated or Qualified 06/28/1989 3a. Date of Last Report 04/24/1996
2. Principal P	2a. Mailing Address	g Address			4. FEI Number Applied For 59-2959010 Applied by	
21 Suite Ant	6 - 1 ·	26				Hot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22 City & State	e	City & State				Fee Required
23	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Country			This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	_		Fiorida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
				61	Name	
ALLEN, D			ŀ	82	Street Add	dress (P.O. Box Number is Not Acceptable)
	1824 DEAN ROAD					,
JACKSON	NVILLE FL 32216			83		
			Ì	B4 (City	85 Zip Code
44 Duniant	51 d 047 070	00 4043 4500 Ft-44- 00-4		ŀ	•	FL []
11. Pursuant office or r	to the provisions of Sections 517.050 registered agent, or both, in the State	02 and 617.1508, Florida Statu e of Florida. Such change was	ites, the ab authorized	ove-r	named cor he corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
			lorida Statu	utes.		The state of the s
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICIENCE AND DIRECTORS.						
12.	Signature, typed or printed name or registered agr	ND DIRECTORS	TE: Registered	J Agent :	signature requ	ulted when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICER OF AIR	DELETE	1.1 TIT	TLE		Change Addition
NAME	ALLEN, DANIEL M.	-	1.2 NA			the state of the s
STREET ADDRESS	7207 SANDY BLUFF DR.			REET AD	OORESS	
CITY - ST - ZIP	JACKSONVILLE FL			TY-ST-7		
TITLE	DST	☐ DELETE	2.1 TIT		-	☐ Change ☐ Addition
NAME	HEATON, J. B.		2.2 NA	\ME	1	
STREET ADDRESS	2135 RONALD LANE		2.3 STI	REET AD	ODRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CF	2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	D			TLE		☐ Change ☐ Addition
NAME	MCENTEE, LARRY		3.2 NA	ME		
STREET ADDRESS	4009 BENDER RD		3 3 STF	REET AD	DRESS	
CITY-ST-ZIP	JACKSONVILLE FL			ITY-ST-	-ZIP	
TITLE	D	☐ DELETE	4.1 TIT			Change Addition
NAME	RIX, DALE		4. 2 NA			
STREET ADDRESS	32520 BOWDEN CIR., EAST		4.3 STF	REET AD	DORESS	
CITY-S1-ZIP	JACKSONVILLE FL	- D brieffe		TY-ST-7	ZIP	
TITLE		☐ DELETE	5.1 TITI			Change Addition
NAME			5.2 NAI			
STREET ADDRESS				REET AD		
CITY-SI-ZIP TITLE		☐ DELETE	5.4 C/T 6.1 T/T/	TY-ST-7	ZIP	Change Addition
NAME		- wearing	6.2 NA			ריין מואוואף ריין נישטיווטו
STREET ADDRESS				reet ad	nnocee	
CITY-ST-ZIP			1	TY-ST-7	i i	
14 I do heret	by certify that the information supplie	ed with this filing does not qual	life for the	OVOR	ntion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this arrhual report or sufficer or director of the gornoration of	supplemental annual report is to the receiver or trustee empore	true and a	coura	ite and the	at my signature shall have the same legal effect as if made under oath; that ort as required by Chapter 617, Florida Statutes; and that my name
appears i	in Block 12 or Block 13 f changed, o	or on an attachment with an ad	idress.	A0000	o ans repo	At do redolled by Chapter CTY, Florida Statistics, and that my harrie