## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT #

FILED											
Mar	16	1998	8:00am								
Se	cret	tary of	f State								

SOUTH JACKSONVILLE BAPTIST CHURCH, INC.									
Principal Plac	e of Business	Mailing Address						HOLL DIGIL OF	DII 01011 BIB11 1001
1824 DEAN ROAD JACKSONVILLE FL 32216 US		1824 DEAN ROAD JACKSONVILLE FL 32216 US			Date Incorporated or Qualified     06/28/1989  4. FEI Number		Applied For		
							59-2959010		Not Applicable
Principal Place of Business     1		2e. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?				
Zip	Country 25	Zip 29 3	Cour	ntry			This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent yea	r Intangible
	9. Name and Address of Current						10. Name and Address of New Registered	Agent	
				81	Name				
	DANIEL M EAN ROAD		-	82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)		
	ONVILLE FL 32216			83					
}	^		ļ	84	City		FI	85	Zip Code
11. Pursuant	to the profisions of Sections 617 0500	and 617 1509 Elorida Statutos	thoah	010	nomod	001001		- I obonoir	ag ite registered
office or i	registered agent, or both, in the State	of Florida. Such change was au	thorized	by t	the corp	oratio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	changi	as registered
	im familia) with and accept the objice	ions or, Section 677.0	da Stati	nes.					
SIGNATURE	Signature, typed or printed name of registered ager	and title Camplicable (NOTE:	Registered	Agent	l signature	required	f when reinstating) DATE		
12.	OFFICERS AND		13.			· ·	ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	TORS IN 12
TITLE	DP	☐ DELETE	1.1 TIT	LE				Chan	ge Addition
NAME	ALLEN, DANIEL M.		1.2 NAI	ME	1				
STREET ADDRESS 7207 SANDY BLUFF DR.			1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT	Y-ST-	ZIP				
TITLE	DST	☐ DELETE	2.1 TIT	LE				☐ Chan	ge 🔲 Addition
NAME	HEATON, J. B.		2.2 NAME						
STREET ADDRESS	2135 RONALD LANE	2.3 STREET ADORESS							
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CIT		-ZIP				
TITLE	D MOENTEE LADDY	☐ DELETE	3.1 TITI					Chan	ge Addition
NAME	MCENTEE, LARRY 4009 BENDER RD		3.2 NA						
STREET ADORESS	JACKSONVILLE FL		•		DDRESS				
CITY-ST-ZIP TITLE	D D	<b>▼</b> DELETE	3.4. CIT		-ZIP			Chan	ge Addition
	RIX, DALE	<b>JA</b> OLLEIL	4.1 TITI					Vidit بي	y√ 1_1 Muuliiuii
NAME CTOSET ADDDSCC	32520 BOWDEN CIR., EAST		4. 2 NA		DORESS				
STREET ADDRESS	JACKSONVILLE FL								
CITY-ST-ZIP TITLE	THOMAS TO THE TELEPOOR	DELETE	4.4 CIT 5.1 TITU		- 2117			☐ Chan	ge Addition
NAME			5.2 NA						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		☐ DELETE	6.1 TITL		-!!			☐ Chan	ge Addition
NAME		<del>-</del>	6.2 NAM						
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP			6.4 CIT		- 1				

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 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 chapted or on an attachment with an address.

SIGNATURE:

904)724-6553