


5-22-98 B-1819 NC
FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34361 (8) 1. Corporation Name THE CHURCH AT JACKSONVILLE, INC.					
Principal Place of Business 1216 LASALLE ST. JACKSONVILLE FL 32207 US		Mailing Address 1216 LASALLE ST. JACKSONVILLE FL 32207 US			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/21/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2915889 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEE, BRUCE 1216 LASALLE ST. JACKSONVILLE FL 32207				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> DELETE				
NAME	LEE, BRUCE D.				
STREET ADDRESS	1216 LA SALLE ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	RAND, ANGELA				
STREET ADDRESS	1710 NALDO AVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	S <input type="checkbox"/> DELETE				
NAME	INGRAM, CAROL				
STREET ADDRESS	1981 WEST ROAD				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	DAWN L. WASHER				
STREET ADDRESS	5531 GROVE AVE.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JOHN P. INGRAM				
STREET ADDRESS	731 1ST STREET, S., #3A				
CITY-ST-ZIP	JACKSONVILLE BEACH FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	M DARREN MANNING				
STREET ADDRESS	3145 WEDGEFIELD BLVD.				
CITY-ST-ZIP	JACKSONVILLE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CFR2037 (1097)

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 changed, or on an attachment with an address.

SIGNATURE: *Bruce D. Lee, Pres*

4/28/98

(904) 396-9140