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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90052 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34361**

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



440956 - 90052 - 19

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/21/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2915889	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

**LEE, BRUCE**  
**1216 LASALLE ST.**  
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, BRUCE D.	1.2 NAME	
STREET ADDRESS	1216 LA SALLE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAND, ANGELA	2.2 NAME	JOHN M. Schuster
STREET ADDRESS	1710 NALDO AVE	2.3 STREET ADDRESS	3540 Casey Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jax, FL 32227
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, CAROL	3.2 NAME	KAREN MANCE
STREET ADDRESS	1981 WEST ROAD	3.3 STREET ADDRESS	3041 M. L. R. DR E
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN L. WASHER	4.2 NAME	
STREET ADDRESS	5531 GROVE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN P. INGRAM	5.2 NAME	John M. Schuster
STREET ADDRESS	731 1ST STREET, S., #3A	5.3 STREET ADDRESS	3540 Casey Blvd
CITY-ST-ZIP	JACKSONVILLE BEACH FL	5.4 CITY-ST-ZIP	Jax, FL
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M DARREN MANNING	6.2 NAME	Mike Tachun
STREET ADDRESS	3145 WEDGEFIELD BLVD.	6.3 STREET ADDRESS	8362 Reggie Corners Ct
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	ORANGE PARK, FL

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, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
Date

914 386 8140  
Daytime Phone #

CR2E037 (11/98)