


FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34710** (6)

1. Corporation Name

**THE CENTRE CHURCH OF SPIRITUAL QUEST OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

3872 SAN JOSE PARK DR.  
JACKSONVILLE FL 32217  
US

3872 SAN JOSE PARK DR.  
JACKSONVILLE FL 32217-4613  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/17/1989</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3013343</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANSON, T. JEAN**  
3872 SAN JOSE PARK DR  
JACKSONVILLE FL 32217

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANSON, T. JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>120 NOEL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANSON</b>	2.2 NAME	<b>BRANSON, WALTER</b>
STREET ADDRESS	<b>120 NOEL RD.</b>	2.3 STREET ADDRESS	<b>120 NOEL RD.</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	2.4 CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>
TITLE	DM <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HILGENBERG, GERARD W.</b>	3.2 NAME	<b>DM</b>
STREET ADDRESS	<b>6315 CLARET RD</b>	3.3 STREET ADDRESS	<b>MICKEY L. NORDBERG</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>4083 SUNBEAM RD. #707</b>
TITLE	DM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCARBOROUGH, JOHN S.</b>	4.2 NAME	<b>DM</b>
STREET ADDRESS	<b>3717 FOREST BLVD</b>	4.3 STREET ADDRESS	<b>BEVERLY A. ALDRIDGE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>1034 NATURES HAMMOCK RD.S.</b>
TITLE	DST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDERS, GRACE</b>	5.2 NAME	<b>DM</b>
STREET ADDRESS	<b>513 ROSEBUD LANE</b>	5.3 STREET ADDRESS	<b>ALMA PINE</b>
CITY-ST-ZIP	<b>NEPTUNE BCH. FL</b>	5.4 CITY-ST-ZIP	<b>3025 FULHAM RD.S.</b>
TITLE	DM <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAHLE, MARTY</b>	6.2 NAME	<b>DM</b>
STREET ADDRESS	<b>9675 BAYMEADOWS RD., #43</b>	6.3 STREET ADDRESS	<b>MATT MAHAUD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	<b>4965 ORTEGA HILLS DR.</b>

14. I do 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: *J. Jean Branson* **J. JEAN BRANSON** 4/22/97 904-636-0336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0005747

CR2E037 (9/96)