

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36290 (7)

1. Corporation Name

AVONDALE BAPTIST CHURCH CORPORATION



Principal Place of Business

Mailing Address

C/O FREDERICK R. BROCK  
1824 DONALD STREET  
JACKSONVILLE FL 32206

C/O FREDERICK R. BROCK  
1824 DONALD STREET  
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified  
01/25/1990

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0873829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROCK, FREDERICK R.  
1824 DONALD STREET  
JACKSONVILLE FL 32206

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 617.0507 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Frederick R. Brock*

(NOTE: Registered Agent signature required when reinstating)

2/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BARBER, JAMES C.  
STREET ADDRESS 6346 MONTROSE AVE. NORTH  
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE TD ☐ DELETE  
NAME GANEY, HARRY D.  
STREET ADDRESS 4979 WATER OAK LANE  
CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE SD ☒ DELETE  
NAME SNEDEKER, SHIRLEY, R  
STREET ADDRESS 3576 BOONE PARK AVE  
CITY - ST - ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Jackie Davis  
3.3 STREET ADDRESS 4165 San Juan Avenue  
3.4 CITY - ST - ZIP Jacksonville, FL 32210

TITLE VD ☐ DELETE  
NAME WILLIAMS, STAMIE D.  
STREET ADDRESS 1823 MEMORY LANE  
CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

*Jackie Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/96 904/356-6070

CR2E037 (12/95)