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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36290

1. Corporation Name
AVONDALE BAPTIST CHURCH CORPORATION

Principal Place of Business Mailing Address

**AVONDALE BAPTIST CHURCH
3519 HERSCHEL STREET
JACKSONVILLE, FL 32205 US**

3. Date Incorporated or Qualified

01/25/1990

4. FEI Number
59-0873829

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **3519 HERSCHEL ST.**

Suite, Apt. #, etc

27 City & State

28 **JACKSONVILLE, FL**

Zip Country

29 **32205** 30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BROCK, FREDERICK R.
1824 DONALD STREET
JACKSONVILLE, FL 32205**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☒ DELETE
NAME BARBER, JAMES C.
STREET ADDRESS 6346 MONTROSE AVE., NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TD ☐ DELETE
NAME GANEY, HARRY D.
STREET ADDRESS 4979 WATER OAK LANE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE SD ☒ DELETE
NAME DAVIS, JACKIE
STREET ADDRESS 4165 SAN JUAN AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VD ☒ DELETE
NAME WILLIAMS, STAMIE D
STREET ADDRESS 1823 MEMORY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE PD ☐ Change ☒ Addition
12 NAME KASELL, RICHARD
13 STREET ADDRESS 1328 EDGEWOOD AVE., SOUTH
14 CITY-ST-ZIP JACKSONVILLE, FL 32205

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

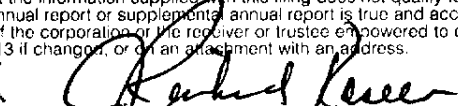
31 TITLE SD ☐ Change ☒ Addition
32 NAME STEWART, LELAND
33 STREET ADDRESS 3320 LAKESHORE BLVD.
34 CITY-ST-ZIP JACKSONVILLE, FL 32210

41 TITLE VD ☐ Change ☒ Addition
42 NAME MATTOX, HUGH
43 STREET ADDRESS 4281 MCGIRTS BLVD.
44 CITY-ST-ZIP JACKSONVILLE, FL 32210

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:  J. Richard Kasell, Pres. 4/1/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)