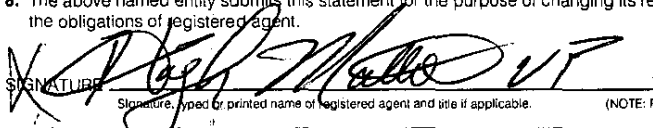
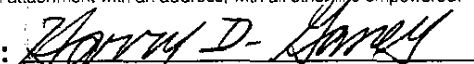


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 022 ****61.25

DOCUMENT # N36290 1. Entity Name AVONDALE BAPTIST CHURCH CORPORATION			
Principal Place of Business 3519 HERSCHEL ST CHURCH JACKSONVILLE, FL 32205 US		Mailing Address 3519 HERSCHEL ST CHURCH JACKSONVILLE, FL 32205 US	
2. Principal Place of Business Church Suite, Apt. #, etc.		3. Mailing Address 3519 Herschel Street Suite, Apt. #, etc.	
City & State Jacksonville, Florida Zip Country 32205 Dural		City & State Jacksonville, Florida Zip Country 32205 Dural	
4. FEI Number 59-0873829		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, FREDERICK R. 1824 DONALD STREET JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Mattox, Hugh Street Address (P.O. Box Number is Not Acceptable) 4281 McGirts Blvd. City Jacksonville FL Zip Code 32210	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. Resigned 7/29/04 DATE			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GANEY, HARRY D. 4979 WATER OAK LANE JACKSONVILLE, FL 32210	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATTOX, HUGH 4281 MCGIRTS BLVD. JACKSONVILLE, FL 32210	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROCK, FREDERICK R 1824 DONALD STREET JACKSONVILLE, FL 32205	☒ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MALTBY, DORIS 1432 INGLESIDE AVENUE JACKSONVILLE, FL 32205	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		7-19-2004 (904) 387-0418 Date Daytime Phone #	