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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90199 007 \*\*\*\*70.00

DOCUMENT # N37223

1. Corporation Name

FIRST SAMUEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

3333 FRANKLIN STREET  
JACKSONVILLE FL 32206

Mailing Address

3333 FRANKLIN STREET  
JACKSONVILLE FL 32206



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/23/1990

4. FEI Number

59-3013018

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

9. Name and Address of Current Registered Agent

JENNINGS, RALPH D  
3333 FRANKLIN STREET  
JACKSONVILLE FL 32206

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

TITLE PD ☐ DELETE

NAME JENNINGS, RALPH D  
STREET ADDRESS 3333 FRANKLIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME HICKS, TILDON  
STREET ADDRESS 4409 LINCREST DRIVE S.  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TD ☐ DELETE

NAME BOGINS, MARYLYNN  
STREET ADDRESS 1882 EAST 27TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE S ☐ DELETE

NAME SCHOFIELD, SHEILA  
STREET ADDRESS 1501 CORRAL RIDGE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE AS ☐ DELETE

NAME BANKS, SWANLETTA  
STREET ADDRESS 8108 WAXWING AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE: *Ralph D. Jennings* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/99

Date

904 355-4801

Daytime Phone #

CR2E037 (11/98)

0004595