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Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37293 (0)
1. Corporation Name
SAINT PAUL LUTHERAN CHURCH OF JACKSONVILLE, INCO RPORATED

Principal Place of Business 2730 W EDGEWOOD AVE JACKSONVILLE FL 32209	Mailing Address 2730 W EDGEWOOD AVE JACKSONVILLE FL 32209-2315
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/27/1990	3a. Date of Last Report 02/28/1996
21	26	4. FEI Number 59-3177110	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHATMAN, RICHARD 5949 J F KENNEDY DRIVE JACKSONVILLE FL 32219		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P Willie Holmes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATMAN, RICHARD	1.2 NAME	2363 W. Edgewood Ave.
STREET ADDRESS	5949 J F KENNEDY DRIVE	1.3 STREET ADDRESS	JACKSONVILLE, FL 32209
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP CHARLES VARNEDOE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, RONNIE	2.2 NAME	4545 Sibbald Rd
STREET ADDRESS	3143 MONTCALM DRIVE	2.3 STREET ADDRESS	JACKSONVILLE, FL 32208
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD JOE L. OLIVER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, JOE L.	3.2 NAME	3134 COUNTRY CLUB BLVD.
STREET ADDRESS	8480 CONCORD BLVD W.	3.3 STREET ADDRESS	ORANGE PARK, FL 32073
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32073
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD DORIS THORNTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, CHYNSIA	4.2 NAME	
STREET ADDRESS	11011 HARTS RD APT 1408	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNS, ARETHA	5.2 NAME	
STREET ADDRESS	9145 GREENLEAF ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMPHILL, MARTHA	6.2 NAME	
STREET ADDRESS	10987 ROCK ISLAND ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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: *Sandra B. Mortham* *Joe L. Oliver* *Doris Thornton* 7/18/97 904-246-9078

CR2E037 (9/96)