

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44527 (2)**  
1. Corporation Name

**WEST RIVER CITY BAPTIST CHURCH OF JACKSONVILLE, INC.**



Principal Place of Business: P.O. BOX 6535 JACKSONVILLE FL 32236-6535  
Mailing Address: P.O. BOX 6535 JACKSONVILLE FL 32236-6535

3. Date Incorporated or Qualified: **07/29/1991**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-3066341**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**BABBITT, JEFFREY D.**  
2775-2 ST. JOHNS AVENUE  
JACKSONVILLE FL 32205

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **1545 FLANDERS RD # 218**  
83  
84 City: **Jacksonville** FL 85 Zip Code: **32207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: *Jeffrey D. Babbitt* Jeffrey D. Babbitt Treasurer/Director 4-24-96  
DATE

**12. OFFICERS AND DIRECTORS**

|                |   |
|----------------|---|
| TITLE          | <b>P</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>ELLISON, GLEN</b>                                |
| STREET ADDRESS | <b>1652 DOLPH ROAD</b>                              |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                              |
| TITLE          | <b>V</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>JOHNSTON, JOHNNIE</b> SAM                        |
| STREET ADDRESS | <b>2495 SEGOVIA AVE.</b>                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                              |
| TITLE          | <b>TD</b> <input type="checkbox"/> DELETE           |
| NAME           | <b>BABBITT, JEFFREY D.</b>                          |
| STREET ADDRESS | <b>2775-2 ST. JOHNS AVENUE</b>                      |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                              |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>COX, STEVE</b>                                   |
| STREET ADDRESS | <b>12531 FLYNN RD.</b>                              |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                              |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>ELLISON, SHEILA</b>                              |
| STREET ADDRESS | <b>1652 DOLPH ROAD</b>                              |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                              |
| TITLE          | <input type="checkbox"/> DELETE                     |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Silcox, William S.</b>  |
| 2.3 STREET ADDRESS | <b>6780 CISCO GARDENS ROAD W.</b>  |
| 2.4 CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32219</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeffrey D. Babbitt* Jeffrey D. Babbitt 4-24-96 904-464-3843  
DATE Daytime Phone #

CR2E037 (12/95)