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 May 20 1997 8:00am  
 Secretary of State



NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1997

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 Mailing Address  
 P.O. BOX 6535 JACKSONVILLE FL 32236-6535  
 P.O. BOX 6535 JACKSONVILLE FL 32236-6535

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 04/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3066341	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	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		10. Name and Address of New Registered Agent			
BABBITT, JEFFREY D. 1545 FLANDERS RD 218 JACKSONVILLE FL 32207		81 Name	BABBITT, Jeffrey D.		
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83	1650 McCaul Rd		
		84 City	Jacksonville	85 FL	86 Zip Code 32220

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: Jeffrey D. Babbitt DATE: 5-11-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ELLISON, GLEN	1.1 TITLE			
NAME	1652 DOLPH ROAD	1.2 NAME			
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS			
CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE	VP	2.1 TITLE			
NAME	SILCOX WILLIAM SL	2.2 NAME			
STREET ADDRESS	6780 CISXO GARDENS RD. W.	2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP			
TITLE	TD	3.1 TITLE			
NAME	BABBITT, JEFFREY D.	3.2 NAME			
STREET ADDRESS	2775-2 ST. JOHNS AVENUE	3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP			
TITLE	D	4.1 TITLE			
NAME	COX, STEVE	4.2 NAME			
STREET ADDRESS	12531 FLYNN RD.	4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP			
TITLE	D	5.1 TITLE			
NAME	ELLISON, SHEILA	5.2 NAME			
STREET ADDRESS	1652 DOLPH ROAD	5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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: Jeffrey D. Babbitt REQUIRED DATE: 5-11-97 DAYTIME PHONE: 904-464-3843

CR2E037 (9/95)