

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N44934 (0)

1. Corporation Name
FIRST BAPTIST CHURCH OF GREEN COVE SPRINGS, FLORIDA, INCORPORATED



Principal Place of Business: **615 WALNUT ST. GREEN COVE SPRINGS FL 32043**

Mailing Address: **615 WALNUT ST. GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified: **08/29/1991**

4. FEI Number: **59-1156004**

Applied For: Not Applicable

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

Zip: **29** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**POLLOCK, REV. JOHN S.
106 LEWIS DR.
GREEN COVE SPRINGS FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	POLLOCK, JOHN S	
STREET ADDRESS	106 LEWIS DRIVE	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	<i>Director</i>	<input type="checkbox"/> DELETE
NAME	MANN, CLAUDE W., JR.	
STREET ADDRESS	930 LANDRETH ROAD	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	<i>Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, FRANCIS G.	
STREET ADDRESS	309 GREEN STREET	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	<i>Director</i>	<input type="checkbox"/> DELETE
NAME	FOY, BRUCE	
STREET ADDRESS	1145 FLORIDA ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	<i>Director</i>	<input type="checkbox"/> DELETE
NAME	MC GEE, JEFFREY	
STREET ADDRESS	1700 JULIA STREET	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	<i>Director</i>	<input type="checkbox"/> DELETE
NAME	CHASTAIN, ROBERT	
STREET ADDRESS	1631 JOLIA ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>Dir.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Claude W. Mann</i>	
2.3 STREET ADDRESS	<i>930 Landreth Rd</i>	
2.4 CITY-ST-ZIP	<i>Green Cove Sp. FL</i>	
3.1 TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>MARC S. GOOD</i>	
3.3 STREET ADDRESS	<i>6092 Woodard Lane</i>	
3.4 CITY-ST-ZIP	<i>Green Cove Springs, FL 32043</i>	
4.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Bruce P. Foy</i>	
4.3 STREET ADDRESS	<i>1145 Florida St.</i>	
4.4 CITY-ST-ZIP	<i>Green Cv. Spgs FL 32043</i>	
5.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Robert Chastain</i>	
6.3 STREET ADDRESS	<i>1618 Walnut St</i>	
6.4 CITY-ST-ZIP	<i>Green Cove Sp. FL 32043</i>	

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.

SIGNATURE: *Robert Chastain* 1-25-98

CR2E037 (10/97)