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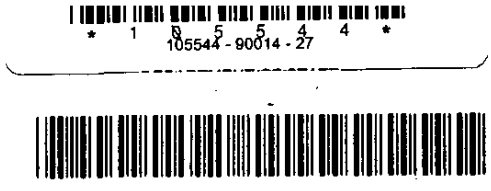
NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N44934
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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/29/1991
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1156004
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
		30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLLOCK, REV. JOHN S. 106 LEWIS DR. GREEN COVE SPRINGS FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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 *Rev John S Pollock* *Rev John S Pollock* 1-10-89
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, JOHN S	1.2 NAME	
STREET ADDRESS	106 LEWIS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, CLAUDE W., JR.	2.2 NAME	
STREET ADDRESS	930 LANDRETH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, MARC S	3.2 NAME	
STREET ADDRESS	6092 WOODARD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOY, BRUCE	4.2 NAME	
STREET ADDRESS	1145 FLORIDA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, JEFFREY	5.2 NAME	
STREET ADDRESS	1700 JULIA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTAIN, ROBERT	6.2 NAME	
STREET ADDRESS	1518 WALNUT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	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: *Rev John S Pollock* SIGNATURE REQUIRED 1-10-99 904-284-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)