FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 16 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46541** (1)

1. Corporation Name
CHRISTIAN COALITION OF DUVAL COUNTY, FLORIDA, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7272 SAN LUCAS ROAD JACKSONVILLE FL 32217 US	P. O. BOX 5188 JACKSONVILLE FL 32247 US

3. Date Incorporated or Qualified: 12/19/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3099728 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KARRER, MAX C. M.D.
7272 SAN LUCAS ROAD
JACKSONVILLE FL 32217

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	~~BERRY, JACK~~	1.2 NAME	LONGINO, EVA
STREET ADDRESS	~~1218 OVINGTON ROAD~~ (DECEASED)	1.3 STREET ADDRESS	5066 HAVENWOOD OAKS TERRACE
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BULLOCK, BRUCE B.	2.2 NAME	
STREET ADDRESS	10740 SCOTT MILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CONYERS, GAYLE	3.2 NAME	
STREET ADDRESS	4627 VERONA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GAYLE, O.J.	4.2 NAME	
STREET ADDRESS	1216 EAGLE BEND COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, CYNTHIA	5.2 NAME	
STREET ADDRESS	8079 YORKSHIRE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, BILL	6.2 NAME	
STREET ADDRESS	8079 YORKSHIRE COURT	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 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: Bill Harvey BILL HARVEY 3/13/95 (904) 359-1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000461