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 # **N47168** **(2)**

1. Corporation Name

CHRIST CHAPEL CHURCH, INC.

Principal Place of Business	Mailing Address
832 A1A NORTH UNIT 2 832 A1A NORTH.UNIT 2 PONTE VEDRA FL 32082 US	P.O. BOX 2384 PONTE VEDRA FL 32004 US

3. Date Incorporated or Qualified: **02/03/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-3123897** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

WILLIAMS, DANIEL W.
3771 SPRING PARK RD
JACKSONVILLE FL 32207

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	WILLIAMS, DANIEL W.		1.2 NAME	Hanigan, Marvin	
STREET ADDRESS	212 CROSS TERN CT		1.3 STREET ADDRESS	201 Green Crest Drive	
CITY-ST-ZIP	PONTE VEDRA FL		1.4 CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE	VDD	☐ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	WOOLFE, JOHN		2.2 NAME	Michael McCranie	
STREET ADDRESS	11715 BRADY RD		2.3 STREET ADDRESS	1697 Woodmere Lane	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	STD	☐ DELETE	3.1 TITLE	Barrett, Bruce D	☐ Change ☑ Addition
NAME	WILLIAMSON, JERRY		3.2 NAME	695 A1A North, #54	
STREET ADDRESS	902 BARBARA AVE		3.3 STREET ADDRESS	Ponte Vedra FL 32082	
CITY-ST-ZIP	JAX. FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	Heindel, Ken	
STREET ADDRESS			4.3 STREET ADDRESS	2224 Barefoot Trace	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Atlantic Beach FL 32233	
TITLE		☐ DELETE	5.1 TITLE	TD	☑ Change ☐ Addition
NAME			5.2 NAME	Woolfe, John	
STREET ADDRESS			5.3 STREET ADDRESS	11715 Brady Road	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville FL 32223	
TITLE		☐ DELETE	6.1 TITLE	D.	☑ Change ☐ Addition
NAME			6.2 NAME	Williamson, Jerry	
STREET ADDRESS			6.3 STREET ADDRESS	902 Barbara Avenue	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL 32207	

CR2E037 (12/95)

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: _____ Daniel W. Williams President 4/29/96 2858009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #