


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49581** (4)

1. Corporation Name

**ORTEGA BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**4865 ROOSEVELT BLVD.  
JACKSONVILLE FL 32210**

**4865 ROOSEVELT BLVD.  
JACKSONVILLE FL 32210-5944**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1992</b>		3a. Date of Last Report <b>06/25/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-0895912</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZILLS, MARGARET  
4626 VERONA AVE.  
JACKSONVILLE FL 32210**

81 Name	<b>Cecil C. Bellwood, Sr.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4425 Hiawatha Street</b>		
83			
84 City	<b>Jacksonville</b>	85 FL	Zip Code <b>32210</b>

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

*Cecil C. Bellwood, Sr.*

**Cecil C. Bellwood, Sr. S / T**

**6/11/97**

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	<b>PT</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERNIGAN, FLOURNEY</b>	12 NAME	
STREET ADDRESS	<b>8558 THIMS AVE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	14 CITY - ST - ZIP	
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZILLS, JAMES</b>	22 NAME	<b>Newman, Neil</b>
STREET ADDRESS	<b>4826 VERONA AVE</b>	23 STREET ADDRESS	<b>2514 Iroquois Avenue</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	24 CITY - ST - ZIP	<b>Jacksonville FL 32210</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZILLS, MARGARET</b>	32 NAME	<b>Bellwood, Cecil C., Sr.</b>
STREET ADDRESS	<b>4826 VERONA AVE</b>	33 STREET ADDRESS	<b>4425 Hiawatha Street</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	34 CITY - ST - ZIP	<b>Jacksonville FL 32210</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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

*Jernigan, Flourney* P/T

CR2E037 (9/96)