

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001219 (5)

1. Corporation Name

MONCRIEF CHRISTIAN CHURCH, INC.

Principal Place of Business

4216 MONCRIEF ROAD
JACKSONVILLE FL 32209

Mailing Address

4216 MONCRIEF ROAD
JACKSONVILLE FL 32209



3. Date Incorporated or Qualified
03/12/1993

3a. Date of Last Report
03/03/1995

4. FEI Number
59-3182817

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

JOHNSON, CAROLYN W
1317 W 29TH STREET
JACKSONVILLE FL 32209

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

Signature, typed or printed name of registered agent and state of incorporation

(NOTE: Registered Agent sign on the reverse if when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DURHAM, WILLIE
STREET ADDRESS 1060 MONTEGO BAY DRIVE, SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DELETE

TITLE VD
NAME BLACKMON, DAVID
STREET ADDRESS 1451 SHEARWATER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DELETE

TITLE TD
NAME KELLY, JANET
STREET ADDRESS 1532 DYAL STREET, EAST
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ DELETE

TITLE SD
NAME TOMPKINS, DORETHA
STREET ADDRESS 9170 4TH AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Janet Kelly JANET KELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42496
DATE

904-279-7200
Daytime Phone #

CR2E037 (12/95)