SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # N9300001219

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90022 034 ****61.25

MONCRIEF CHRISTIAN CHURCH, INC. Principal Place of Business 4216 MONCRIEF ROAD JACKSONVILLE FL 32209 Mailing Address 4216 MONCRIEF ROAD JACKSONVILLE FL 32209				5 598478-90022-34 3 *			
ace of Business	2a. Mailing Address						
¥, etc.	Suite, Apt. #, etc.			4. FEI Number			olied For
	27			59-3182817			Applicable
	— ´			5. Certificate of Status Desired		\$8.75 A Fee Red	
Country	Zip	_ `	/			\$5.00 i	•
		<u> </u>			Registered .		
JOHNSON, CAROLYN W 1317 W 29TH STREET		82	82 Street Address (P.O. Box Number is Not Acceptable) 83			<u>.</u>	
AILTE LT 2550à		84	City		FL	85 Zip C	Coder
to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes	, the abov	re-named o	corporation submits this statement for the	e purpose of	changing its	registered
egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autoations of, Section 617.0503, Florid	nonzed by la Statute:	r ine corpo s.	corporation submits this statement for the ration's board of directors. I hereby acce guired when reinstating)	DATE		
egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was autoations of, Section 617.0503, Florid	nonzed by la Statute:	r ine corpo s.	ration's board of directors. Thereby acce	DATE	ID DIRECTO	RS IN 12
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	F ROAD FL 32209 ace of Business #, etc. Country 25 9. Name and Address of Currel CAROLYN W	F ROAD FL 32209 4216 MONCRIEF ROAD JACKSONVILLE FL 32209 ace of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country Zip 25 9. Name and Address of Current Registered Agent CAROLYN W DTH STREET	## PROAD FL 32209 JackSonville FL 32209	## PROAD FL 32209	Mailing Address FROAD FL 32209 ACKSONVILLE FL 32209	Mailing Address FROAD FL 32209 4216 MONCRIEF ROAD JACKSONVILLE FL 32209 2a. Mailing Address 26 3. Date Incorporated or Qualifed 03/12/1993 4. FEI Number 59-3182817 City & State 28 Country Zip Country Zip Country 29 30 9. Name and Address of Current Registered Agent 81 Name Registered Regi	Age of Business FROAD FL 32209 Ack SONVILLE FL 32209 Ack of Business 2a. Mailing Address 2b. Jack SONVILLE FL 32209 Ack of Business 2a. Mailing Address 2b. Jack Sonville FL 32209 Ack of Business 2a. Mailing Address 2b. Jack Sonville FL 32209 Ack of Business 2a. Mailing Address 2b. Jack Sonville FL 32209 Ack of Business 2a. Mailing Address 3b. Date Incorporated or Qualifed 03/12/1993 4b. FEI Number 59-3182817 April Sonville FL 32209 Ack of Business 3c. Date Incorporated or Qualifed 03/12/1993 4b. FEI Number 59-3182817 April Sonville FL 32209 Ack of Business 3c. Date Incorporated or Qualifed 03/12/1993 4c. FEI Number 59-3182817 April Sonville FL 32209 Ack of Business 5c. Certificate of Status Desired 5c. Certificate of Status Desired Fee Ref. Country 2c. Sonville FL 32209 Added to 10. Name and Address of New Registered Agent Ack of Business 5c. Certificate of Status Desired Fee Ref. St. Certificate of Status Desired Fee R

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 conforation or the receiver or trustee enhowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all priner like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ DELETE

☐ Addition

Change