

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 # **N93000001838 (2)**

1. Corporation Name

GLAD TIDINGS OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

**6131 TERRY ROAD
JACKSONVILLE FL 32216**

**6131 TERRY ROAD
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
04/26/1993

3a. Date of Last Report
02/14/1995

4. FEI Number
59-3210701

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. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, JAMES B
6131 TERRY ROAD
JACKSONVILLE FL 32216**

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 617.0602 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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12. PD ☐ DELETE

11. TITLE ☐ Change ☐ Addition

NAME
**DAVIS, JAMES B
1890 BUCKRIDGE ROAD
JACKSONVILLE FL 32225**

12. NAME

12. VD ☐ DELETE

13. STREET ADDRESS

NAME
**WALDING, JOSEPH
1092 OVINGTON ROAD
JACKSONVILLE FL 32216**

14. CITY- ST- ZIP

12. SD ☐ DELETE

21. TITLE

NAME
**CREECY, JAMES V
1632 MARION COURT
JACKSONVILLE FL 32216**

22. NAME

12. ☐ DELETE

23. STREET ADDRESS

NAME
SD

24. CITY- ST- ZIP

12. ☐ DELETE

31. TITLE

NAME
SD

32. NAME

12. ☐ DELETE

33. STREET ADDRESS

NAME
SD

34. CITY- ST- ZIP

12. ☐ DELETE

41. TITLE

NAME
SD

42. NAME

SIGNATURE: *James B Davis* Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(1-19-96)-641-0260

CR2E037 (12/95)