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



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400001922

1. Corporation Name

MILLER STREET CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

MILLER ST. CHURCH OF CHRIST ORANGE PARK FL 32073 1211 MILLER STREET ORANGE PARK FL 32073

## FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90012 013 \*\*\*\*61.25



2. Principal Place of Business 21 12 (1 Milly ) Leet 26 Sance					3	Date Incorpora	ated or Quali	fed			
21 620				04/14/199	4						
Suite, Apt. #, etc. Suite, Apt. #, etc.					4	FEI Number	2		<u> </u>	olied For	
22				A STANCT	7			Applicable			
City & State			5	. Certifcate of S	tatus Desire	d 🗆	\$8.75 A				
								•			
Zip	⊸ Country ¬	y	€	6. Election Camp	-	ng 🗌	\$5.00	•			
24 /-(	25 C/AY 2	*	<u> </u>			Trust Fund Co  Name and Ad		w Danietered	Added to	o rees	
	9. Name and Address of Current Re-	gistered Agent	81	Name		. Name and Ad	Idiess Of Ite	IN Kegistered	- Agoin		
				Hame							
SQUIRE, ERNEST				82 Street Address (P.O. Box Number is Not Acceptable)							
1211 MILLER ST.				83							
ORANGE	PARK FL 32067-0298		100	<b>^</b> }							
			84	City					85 Zip (	Code	
				l .		<del>-</del>	****	FI	f shanaina ita	rogistored	
11. Pureuant?	to the provisions of Sections 617.0502 and	d 617.1508, Florida Statutes, orida. Such change was auth	, the abov	/e-named / the corp	corporation's t	on submits this s board of directors	ыветепт for s. I hereby a	ccept the appo	ointment as re	gistered	
agent. I ar	to the provisions of Sections 617.0502 and egistered agent or both, in the State of Flo m familiar with, and accept the obligations	61, Section 617.0503, Florida	a Statute	S.	7	`	<u>-</u>				
SIGNATURE	( mest) &	Jalune	) IV	ine	ella	J					
- GIGHATORE	Signature, types or printed name of egistered agent and	7,7,1		rit signature r	equired wher		IAMOEO TO	DATE	ND DIRECTO	DC IN 12	
12.	OFFICERS AND DI		13.			ADDITIONS/CH	ANGES TO	OFFICERS A	T Change	Addition	
TITLE			1.1 TITLE 1.2 NAME		1	110. 11	n		III Citatige	☐ Addition	
NAME					rons	y Harold	14.				
STREET ADDRESS	COOL STATE OF THE			ET ADDRESS	5.2	8 Cabot	De N	wu.			
CITY-ST-ZIP	JACKSONVILLE FL			ST-ZIP	JACK	8 Cabot sorvice	MA	32244			
TITLE	D DELETE		2.1 TITLE	2.1 TITLE		•			Change	Addition	
NAME	SQUIRE, ERNEST MINISTE		2.2 NAME								
STREET ADDRÈSS	ss 2330 EGREMONT DRIVE 2			ET ADDRESS							
CITY-ST-ZIP	ORANGE PARK FL 32073			ST-ZIP							
TITLE	T DELETE 3		3.1 TITLE	3.1 TITLE			-		Change	Addition	
NAME	JACKSON, LLOYD A		3.2 NAME								
STREET ADDRESS	FOAT VOLVO CT W			ET ADORESS							
CITY-ST-ZIP	JACKSONVILLE FL			ST-ZIP							
TITLE	\$ DELETE .								☐ Change	Addition	
NAME	SMITH, EUGENE		4. 2 NAME	<u>:</u>							
STREET ADDRESS	and the same of th		4.3 STREET ADDRESS								
CITY-ST-ZIP	OBANICE BLOW FO COOK			4.4 CITY-ST-ZIP							
TITLE			5.1 TITLE			_			Change	Addition	
NAME	MAFFETT, WILLIAM T. J		5.2 NAME								
STREET ADDRESS	2623 ROSE WOOD CT		5.3 STREE	ET ADDRESS	[						
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-	ST-ZIP	1						
TITLE	D	DELETE	6.1 TITLE		<del> </del>		,		☐ Change	Addition	
NAME	STEWART, LONNIE ELDERS		6.2 NAME		ANY	long will	liam .	, ,	,		
	2725 LAURA ST.		•	ET ADDRESS	57	19 6	na P	nrk C	f		
STREET ADDRESS	JACKSONVILLE FL		64 CITY		''سرا	10000	"ZKM	27000	Ĺ		
OPD / OT 710			m 64 CHY~	31-ZM	1 100	MU VARAL. IVA	) . I III.	4 2 25 WW	7		

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 cerporation or the fereiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, a sman attachment with an address, with all other like empowered.

SIGNATURE:

STONDLIST FUNCTION AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete July 3, 199 3661213

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