FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name N94000004132 (6)

PAUL AVENUE BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Plac	e of Business	Mailing Address	ng Address			
2742 PAUL AVE. JACKSONVILLE FL 32207		2742 PAUL AVE. JACKSONVILLE FL 32	2742 PAUL AVE. JACKSONVILLE FL 32207			
					3. Date incorporated or Qualified 08/17/1994	3a. Date of Last Report 11/07/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			328.2 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FET Number 59 APPLIED FOR  5. Certificate of Status Dosired	\$8.75 Additional
City & State		City & State	City & State			Fee Required
23		28			Election Campaign Financing     Trust Fund Contribution	□ \$5.00 May Be Added to Fees
Ζφ	Country	Zip	Coun	ry	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes  10. Name and Address of New F	Yes No
			E	1 Name	10. Name that Address of New 1	logistered Agent
WALLS, DONALD				82 Street Address (P.O. Box Number is Not Acceptable)		
4856 SOUTHLAND DRIVE				83		
JACKS	ONVILLE FL 32207		٤	3		
			Fέ	4 City		FL 85 Zip Code
or registe	to the provisions of Sections 617.050; red agent, or both, in the State of Flori ith, and accept the obligations of, Sec	ida. Such change was authoriz	red by the co	e namied corpo rporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	and the second s
SIGNATURE	Signature, typico or presisal messe of registere. Lagen	tandate facco alii (N.	NE Bosedons A	jenčiský at merekylak	est with the resolution of	DAIL
12.		ID DIRECTORS	13.		ADDITIONS CHANGES TO OFF	
TITLE	TRD	□DELETE	113111			Change Addition
NAME	ALDRICH, MELBA		1.2 NAM			
STREET ADDRESS CITY-ST-ZIF	2725 PAUL AVE. JACKSONVILLE FL 32207			ET ADDRESS		
TILE	TRD	DELETE	2.1 TiTel	- ST ZiP		Change
NAME	BOLES, MABLE	_	2.2 NAM			
STREET ADDRESS	2743 LARSEN ROAD		2.3 ST#6	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITS	-ST-7IP	ea Con	
THLE	D DUADO JOHN	DELETE	3 1 II*LI		FOEL Kinne	✓ Thange Addition
NAME STREET ADDRESS	PHARR, JOHN 7632 SOUTHSIDE BLVD., #2	234	3.2 NAM		Link D'all 7	gve.
City-St-Zip	JACKSONVILLE FL 32256			ET ADDRESS ST-ZIP	FRED Kinne 6020 Pive? Ontage Par	N 71 32173
TITLE	PDTR	DELETE	41 11/11		OBLIGE TAK	Change Add tion
NAME	WALLS, DONALD		4 2 NAV	15		
STREET ADDRESS	4856 SOUTHLAND DRIVE		43STRE	ET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32207 S	DELETE		-ST-ZIP		
NAME	WALLS, GLORIA		5.1 T-TL6			☐ Change ☐ Addition
STREET ADDRESS	4856 SOUTHLAND DRIVE		5.2 NAM 5.3 STH	EL ADORESS		
CITY - ST - ZIP	JACKSONVILLE FL 32207		5.4 CHTY			
TITLE	7	DELETE	6 1 7111.8			Change Addition
NAME	POOLE, RUSSELL		6.2 NAM	E		
STREET ADDRESS	4417 GILBERT STREET		6.3 SFRE	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		6.4 CITY	-ST ZIP		
• • • • uo neren	y ceruly that the information supplied	with this bling is voluntarily furr	iished and do	es not qualfy t	for the exemption stated in Section 119.	07(3)(k), Flonda Statutes. I further

certify that the information indicated on this annual report or supplemental and does not quarry 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 changes, or on an attachment with an address.

SIGNATURE: \_\_

NAO YVPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

2.25-96 739.05.99