FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Corretary of State

l	1998	DIVISION OF CO	RPORATIONS	Secretary of State
DOCUI	MENT # N940	000006310 (6)	•	
ATLAN	TIC COMMUNITY CHUR	RCH (CHRISTIAN REFORME	D).	
INC.			- 1,,	
Principal Plac	a of Rusiness	Mailing Address	···	
•		-		
10916 ATLANTI JACKSONVILLE		10916 ATLANTIC BLVD. JACKSONVILLE FL 32225		3. Date Incorporated or Qualified
				12/28/1994 4. FEI Number Applied For
				31-1272442 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	:	6. Election Campaign Financing \$5.00 May Be
City & State	9	City & State	<u> </u>	Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23	- 	28		Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Cu	29 30	<u>o </u>	Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent
	0, 112110	- Allertograter of Agent	81 Nan	
Rumph,	J. QUINTON		82 Stre	eet Address (P.O. Box Number is Not Acceptable)
	NIVERSITY BLVD. SOUTH			
SUITE 1			83	
JACKSO	NVILLE FL 32216		84 City	y 85 Zip Code
11. Pursuant l	to the provisions of Sections 617	7.0502 and 617.1508. Florida Statutes.	the above-nam	
office or re agent, I a	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change was aut obligations of, Section 617.0503, Florid	horized by the o la Statutes.	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
12.	Signature, typed or printed name of registers	ed agent and little if applicable. (NOTE: R S AND DIRECTORS	egistered Agent signa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition S
NAME	HUIZENGA, JONATHAN		1.2 NAME	Mike Sluh 13225 Afbor Vitae D
STREET ADDRESS	1911 INDIAN SPRING DRI		1.3 STREET ADDRES	
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32246	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Jacksonille, FL 32225 Change X Addition
NAME	GROTERS, DOUG	- OCCLIE	2.1 III.E 2.2 NAME	1 🔾
STREET ADDRESS	2232 INDIAN SPRINGS DI	RIVE	2.3 STREET ADDRES	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	FULLER, CHUCK 2347 WEST COVINGTON	CDEEK DOINE	3.2 NAME	
STREET ADORESS CITY-ST-ZIP	JACKSONVILLE FL	CHEER DAIVE	3.3 STREET ADDRES	SS
TITLE	D	∑ A DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME	LARCHE, KEVIN	·	4. 2 NAME	
STREET ADDRESS	2845 WINDERMERE COU	RT	4.3 STREET ADDRES	iss
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRES	22
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	ss
CITY-ST-ZIP	ertify that the information cumulic	ed with this filling does not qualify for t	6.4 CITY-ST-ZIP	tated in Section 1.19.07(3)(i). Florida Statutes I further certify that the information
I HOLGUY U	on this applied report of supplies	cental applied report is true and accura	the and that my	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 accorded an officer or director of the corporation or the receiver or trustee empowered to execute the Block 12 or Block 13 if changed, or on an attachment with an address.