

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005415 (3)

1. Corporation Name

ONE ACCORD MINISTRY, INC.



Principal Place of Business

Mailing Address

PO BOX 26710  
JACKSONVILLE FL 32226

PO BOX 26710  
JACKSONVILLE FL 32226

3. Date Incorporated or Qualified  
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ Applied For  
☐ Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, MAUDE C  
5165 ARCHERY AVE  
JACKSONVILLE FL 32208

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 617.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P  
BATTLE, FAYE A  
STREET ADDRESS 2139 HOLCROFT DR  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME V  
WILLIAMS, MAUDE C  
STREET ADDRESS 5165 ARCHERY AVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME S  
SIMMONS, VIRUTHA  
STREET ADDRESS 1344 AGNES ST  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME T  
BATTLE, ARTHUR C SR  
STREET ADDRESS 2139 HOLCROFT DR  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

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

D ☐ Change ☐ Addition

Mrs. Rosyland Hills  
8077 Paul Jones Drive  
Jacksonville, FL 32208

T ☐ Change ☐ Addition

David G. Pugh  
8090 Atlantic Blvd, #B-207  
Jacksonville, FL 32211

T ☐ Change ☐ Addition

Garrett B Proctor  
8090 Atlantic Blvd #B-207  
Jacksonville, FL 32211

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

904 632 9453

Date

Daytime Phone #

CR2E037 (12/95)