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FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000001417 (2)

1. Corporation Name

JACKSONVILLE CENTER FOR BIBLICAL STUDIES, INC.

Principal Place of Business

Mailing Address

215 BETHEL BAPTIST STREET  
JACKSONVILLE FL 32202

215 BETHEL BAPTIST STREET  
JACKSONVILLE FL 32202-3833



3. Date Incorporated or Qualified  
03/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-0718484

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

6. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22

27

City & State

City & State

8. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, LEE  
112 WEST ADAMS STREET STE 902  
JACKSONVILLE FL 32202

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MCKISSICK, RUDOLPH W JR.  
STREET ADDRESS 11540 WOODSONG LOOPE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32225

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MCKISSICK, RUDOLPH W SR.  
STREET ADDRESS 7276 FLORAL RIDGE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME NEWMAN, JOHN REV.  
STREET ADDRESS 301 SPRUCE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GUNNS, JOHN REV  
STREET ADDRESS 3738 WINTON DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME NEWBILL, FRED  
STREET ADDRESS 12103 BISCAYNE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32257

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME THOMAS, LEOFRICE REV  
STREET ADDRESS 2407 DIVISION STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 corporation or the incorporator or organizer 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 904-120

CR2E037 (9/96)