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May 08 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 # N96000002894 (1)

1. Corporation Name

PINE BAPTIST CHURCH OF GARDEN CITY, INC.



Principal Place of Business

Mailing Address

11764 LEM TURNER ROAD  
JACKSONVILLE FL 32218

11764 LEM TURNER ROAD  
JACKSONVILLE FL 32218-3026

3. Date Incorporated or Qualified  
05/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, JOHN W  
1749 BROWARD ROAD  
JACKSONVILLE FL 32218

81 Name

POOLE, WILLIS

82 Street Address (P.O. Box Number is Not Acceptable)

3518 JONES ROAD

83

84 City

Jacksonville

FL

85 Zip Code

32220

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 D  
NAME TISON, CARL  
STREET ADDRESS 3040 SATTRETT ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32226

1.1 TITLE D  
1.2 NAME TISON, CARL P.  
1.3 STREET ADDRESS 3040 STARRATT ROAD  
1.4 CITY-ST-ZIP Jacksonville, FL 32226

TITLE D  
NAME POOLE, WILLIS  
STREET ADDRESS 3518 JONES ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32220

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

TITLE D  
NAME LIDDELL, GRAYSON  
STREET ADDRESS 11813 LEM TURNER ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE STD  
NAME KELLER, BONNIE  
STREET ADDRESS 8338 COYUGA TRAIL N  
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE P  
NAME MOODY, JOHN W  
STREET ADDRESS 11764 LEM TURNER ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32218

5.1 TITLE Wesley, Darren C.  
5.2 NAME  
5.3 STREET ADDRESS 640 Bird Road  
5.4 CITY-ST-ZIP Jacksonville, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)