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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002894

1. Corporation Name

PINE BAPTIST CHURCH OF GARDEN CITY, INC.

Principal Place of Business

11764 LEM TURNER ROAD
JACKSONVILLE FL 32218

Mailing Address

11764 LEM TURNER ROAD
JACKSONVILLE FL 32218



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

POOLE, WILLIS
3518 JONES RD.
JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent

81 Name C. Yvette Tison

82 Street Address (P.O. Box Number is Not Acceptable)
17345 Eagle Bend Blvd.

83

84 City Jacksonville

FL

85 Zip Code 32226

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

Willis Poole

Willis Poole

4-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TISON, CARL P
STREET ADDRESS 3040 STARATT RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE STD ☒ DELETE

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

TITLE D ☐ DELETE

NAME WESLEY, DARREN C
STREET ADDRESS 640 BIRD RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE STD ☐ Change ☐ Addition

4.2 NAME C. Yvette Tison
4.3 STREET ADDRESS 17345 Eagle Bend Blvd
4.4 CITY-ST-ZIP Jacksonville, FL. 32226

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: DAVID A. RICHARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99

Date

714-2136

Daytime Phone #

CR2E037 (11/98)