FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

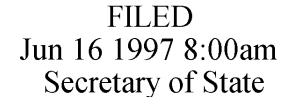
Secretary of State **DIVISION OF CORPORATIONS**

N96000004276 (9) DOCUMENT

PROVIDENCE BAPTIST CHURCH OF CLAY COUNTY, INC.

Principal Place of Business

Mailing Address





2703 RIVER OA ORANGE PARK		2703 RIVER OAK DRIVE ORANGE PARK FL 32073-6532									
						 Date Incorporated or Qualified 08/17/1996 	3a. Da	le of L	ast R	eport	
	ace of Business	2a. Mailing Address				4. FEI Number	1		'	plied For	
21	h -1-	26 Cuite Ant H at				59-3397883				t Applicable	
Sulte, Apt.		Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z(p	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				B1	Name						
WILLIAMS, GRADY H JR. 1279 KINGSLEY AVENUE STE 117					Street A						
	PARK FL-32073			83		**************************************					
				84	City	y-* u .	FL	85	Zip (Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the ab	ove	-named	corporation submits this statement for the p	urnose of	chanc	ging it	s 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						required when reinstating)	DATE				
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	D ABOUIDE KVIED	☐ DELETE	1.1 TiT					∐ Ch	ange	☐ Addition	
NAME ABSHIRE, KYLE D STREET ADDRESS 960 PLAINFIELD AVENUE			1.2 NA								
CITY-ST-ZIP	ORANGE PARK FL 32073		1.3 STREET 1.4 City-S							i	
TITLE	D □ □		21 11		1- <u>F</u> II			☐ Ch	ange	Addition	
NAME	CHILDS, DAVID		22 NAME						-	ŀ	
STREET ADDRESS	7410 ORTEGA HILLS DRIVE		2.3 STREET ADDR		ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32244		2. 4 CI	TY-S	T-ZIP	-					
TITLE	D	☐ DELETE	3.1 TIT	LE	i			☐ Ch	ange	☐ Addition	
NAME	REYNOLDS, MARY		3.2 NA							ŀ	
STREET ADDRESS	226 BRANSCOMB ROAD	040	3.3 STREET ADD								
CITY-ST-ZIP TITLE	GREEN COVE SPRINGS FL 32	DELETE	3.4.00		T-ZIP			Ch	anas	☐ Addition	
NAME	JAMESON, WILLIAM L	C DICTIE	4.1 TIT 4. 2 N/				1	اان <u>ر</u> ييا	מיוטָּטּ	AUUIIIOII	
STREET ADDRESS	2599 FOXWOOD ROAD SOUTH	4			ADDRESS						
CITY-ST-ZIP	ABANAF BABIL FL AAATA			4.4 CITY-ST-ZIP							
TITLE	D K	DELETE	5.1 1(1			D		X Ch	ange	Addition	
NAME	POLE, DILLON		5.2 NA	ME		POLK , DILLON				ļ	
STREET ADDRESS			5.3 ST	3 STREET ADDRESS 39		POLK , DILLON 3930 Main Street Middlehurg , FL 32068				j	
CITY-ST-ZIP	MIDDLEBURG FL 32068		5.4 CII		1- 2 1P	Middleburg, FL 32068					
TITLE	D	☐ DELETE	6.1 TIT			y .		L Ch	ange	☐ Addition	
NAME.	RODGERS, JACK	040	6.2 NA							ļ	
STREET ADDRESS	6459 JACK WRIGHT ISLAND R	WAD			address						
CITY-ST-ZIP	ORANGEDALE FL 32092		6.4 CIT	Y-S1	r- z iP						

I do hereby certify that the Information supplied with this filling 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 of 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.