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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004276 (9)**

1. Corporation Name

PROVIDENCE BAPTIST CHURCH OF CLAY COUNTY, INC.

Principal Place of Business

**2703 RIVER OAK DRIVE
ORANGE PARK FL 32073**

Mailing Address

**2703 RIVER OAK DRIVE
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified

08/17/1996

4. FEI Number

59-3397883

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, GRADY H JR.
1279 KINGSLEY AVENUE STE 117
ORANGE PARK FL 32073**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABSHIRE, KYLE D	
STREET ADDRESS	960 PLAINFIELD AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHILDS, DAVID	
STREET ADDRESS	7410 ORTEGA HILLS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, MARY	
STREET ADDRESS	226 BRANSCOMB ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMESON, WILLIAM L	
STREET ADDRESS	2599 FOXWOOD ROAD SOUTH	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POLK, DILLON	
STREET ADDRESS	3930 MAIN ST	
CITY-ST-ZIP	MIDDLEBURG FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODGERS, JACK	
STREET ADDRESS	6459 JACK WRIGHT ISLAND ROAD	
CITY-ST-ZIP	ORANGEDALE FL 32092	

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98 *904/264-0444*

Date

Daytime Phone # 904-264-0444

CR2E037 (10/97)