

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90103 031 \*\*\*\*61.25

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**DOCUMENT # N96000004276**

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



2. Principal Place of Business

21 **2599 Foxwood Rd. S**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **2599 Foxwood Rd. S**  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**08/17/1996**

4. FEI Number

**59-3397883**

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

City & State

23 **Orange Park, FL**

City & State

28 **Orange Park, FL**

Zip

24 **32073**

Country

25 **Clay**

Zip

29 **32073**

Country

30 **Clay**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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** ☐ DELETE

NAME **ABSHIRE, KYLE D**  
STREET ADDRESS **960 PLAINFIELD AVENUE**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ DELETE

NAME **CHILDS, DAVID**  
STREET ADDRESS **7410 ORTEGA HILLS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ DELETE

NAME **REYNOLDS, MARY**  
STREET ADDRESS **226 BRANSCOMB ROAD**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ DELETE

NAME **JAMESON, WILLIAM L**  
STREET ADDRESS **2599 FOXWOOD ROAD SOUTH**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ DELETE

NAME **POLK, DILLON**  
STREET ADDRESS **3930 MAIN ST**  
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **D** ☐ 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, with all other like empowered.

SIGNATURE:

**WILLIAM L. JAMESON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM L. JAMESON 3-1-99 (904) 269-0707**

Date

Daytime Phone #

CR2E037 (11/98)