

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90170 046 ****61.25

DOCUMENT # N96000005358

1. Corporation Name

CHURCH AT THE ISLAND, INC.

Principal Place of Business

3230 AVOCET LANE
P.O. BOX 1623
ORANGE PARK FL 32065
US

Mailing Address

P.O. BOX 1623
ORANGE PARK FL 32067
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/18/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3403951

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SIKES, CONNIE
JAMES W. HORNE AND ASSOCIATES
2301 PARK AVE SUITE 402
ORANGE PARK FL 32073

81 Name Sikes, Connie
82 Street Address (P.O. Box Number is Not Acceptable)
529 Harrison Ave.

84 City Orange Park FL 85 Zip Code 32065

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE DP
NAME HOOKER, ART JR
STREET ADDRESS 3230 AVOCET LANE
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS
NAME HOOKER, KIMBERLY
STREET ADDRESS 3230 AVOCET LANE
CITY-ST-ZIP ORANGE PARK FL

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

TITLE DT
NAME SMITH, JAMES B II
STREET ADDRESS 615 HAWKES ISLAND DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS FL

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

TITLE D
NAME SMITH, TOBITHA
STREET ADDRESS 615 HAWKES ISLAND DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE REQUIRED
Hooker, Jr.

4/29/99

(904) 222-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)