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May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006216 (3)

1. Corporation Name

UNITED BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

296 WOODLAWN AVENUE
JACKSONVILLE FL 32204

Mailing Address

296 WOODLAWN AVENUE
JACKSONVILLE FL 32204-1748



3. Date Incorporated or Qualified
12/04/1996

3a. Date of Last Report
N/A

4. FEI Number

59-3416900

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ODOM, CARL W JR
296 WOODLAWN AVENUE
JACKSONVILLE FL 32204

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 PCD ☐ DELETE
NAME ODOM, CARL W JR
STREET ADDRESS 4042 BALD EAGLE LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VD ☐ DELETE
NAME GRIFFIN, ALAN L
STREET ADDRESS 7075 MATTHEW STREET
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE SD ☐ DELETE
NAME JINKS, ROSEMARY
STREET ADDRESS 1655 WEST 23RD STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE
NAME TURNER, GEORGE
STREET ADDRESS 436 LELAND STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE T ☐ DELETE
NAME WILLIAMS, ANGELA
STREET ADDRESS 801 WEST FOURTH STREET APT. 1602
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE
NAME SAPP, HELEN
STREET ADDRESS 1655 WEST 23RD STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

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 do 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-97

389-3346

CR2E037 (9/96)