

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N97000000211 (9)**

1. Corporation Name

GOSPEL TABERNACLE OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

**2039 THOMAS COURT
JACKSONVILLE FL 32207**

**4745 DRESDEN COURT
JACKSONVILLE FL 32257
TO**

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3400460

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**

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWNSEND, RALPH
4745 DRESDEN COURT
JACKSONVILLE FL 32257**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998

TITLE **D Pastor** ☐ DELETE
NAME **RALPH, TOWNSEND**
STREET ADDRESS **4745 DRESDEN COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☒ DELETE
NAME **MILLER, EDDIE L**
STREET ADDRESS **7503 MCLAURIN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D Reverend** ☐ DELETE
NAME **MILLNER, JAMES**
STREET ADDRESS **8341 CENTURY POINT DOVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D Evangelist** ☐ DELETE
NAME **PORTER, BEVERLY**
STREET ADDRESS **2039 THOMAS COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Willa E. M. Ragland, (Evangelist)**
STREET ADDRESS **2054 Thomas Court**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Ruth Williams, (Evangelist)**
STREET ADDRESS **3780 University Club Blvd**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ralph W. Townsend **1-APR-98** **346-0778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)