

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98 \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000000318 (2)

1. Corporation Name

BRETHRENS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2139 WEST 39TH STREET  
JACKSONVILLE FL 32209

2139 WEST 39TH STREET  
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

59-3434258

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, ROLAND  
2139 WEST 39TH STREET  
JACKSONVILLE FL 32209

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 12

12. TITLE

PD  
NAME LAWRENCE, ROLAND  
STREET ADDRESS 2139 WEST 39TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

13. TITLE

VD  
NAME LAWRENCE, ROBIN  
STREET ADDRESS 2139 WEST 39TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

14. TITLE

SD  
NAME LAWRENCE, JACQUELYN  
STREET ADDRESS 2139 WEST 39TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

15. TITLE

TD  
NAME LAWRENCE, LOUISE  
STREET ADDRESS 2439 SPIREA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

16. TITLE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

☐ DELETE

17. TITLE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: ROLAND LAWRENCE / *Roland Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 AUG 98 (904) 9249446

Date

Daytime Phone #

CR2E037 (5/98)