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 # N9700000318 (2)

BRETHRENS MISSIONARY BAPTIST CHURCH, INC.

}												.	
Principal Place of Business Mailing Address									(120 S 912 S 15E F SE	P B 111	Reid Amenda II	101 11001 1017 1001	
2139 WEST 39TH STREET JACKSONVILLE FL 32209				2139 WEST 39TH STREET JACKSONVILLE FL 32209					3. Date Incorporated or Quelif 01/15/1997	ied	_		
									4. FEI Number 59 -343425	8		Applied For Not Applicable	
Principal Place of Business The state of Business The state of Business				a. Malling Address					5. Certificate of Status Desired	ı 🗆 _	•	5 Additional Required	
Sulte, Apt. #, etc.				Sulte, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution Added to Fees				
City & State			28	City & State					7. Is this nonprofit corporation a homeowners association? Yes No				
Zip	Country			Zip Country				8. This corporation owes or has paid the current year intangible					
24	25			30				Personal Property Tax due June 30. XYes No					
9. Name and Address of Current Registered Agent							T	10. Name and Address of New Registered Agent					
							Name	lame					
LAWRENCE, ROLAND						82	Stree1 A	ddress (P.O. Box Number is Not Acceptable)					
	T 39TH STREE			<u> </u>	B3	· . <u></u>							
JACKSONVILLE FL 32209					l'	•3							
	_				1	B4	City			FL	85 Z	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.											registered registered		
SIGNATURE.													
	Signature, typed or pr	inted name of registered age OFFICERS AI				d Ag	gent signature	required v	when reinstating)	DATE	BS OUT 2	27.621.62 (1) 4.62	
12. TITLE	PD	OFFICERS AI	ND DINE	DELETE	13.	F	T	D	ADDITIONS/CHANGES 10 (JETIOL RS AL			
	LAWRENCE, ROLAND			DELETE			l i	Édo	DE LAWRENCE		Chang	ge Addition	
STREET ADDRESS 2139 WEST 39TH STREET							243		REA 57	Γ			
CITY-ST-ZIP	JACKSONVILLE FL 32209						ZIP JACI		KSONVILLE, FL	Å 32	P05		
TITLE	VD			DELETE 2.17							Chang	ge Addition	
NAME	LAWRENCE, ROBIN			2 2 N								,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS 2139 WEST 39TH STREET				2.3 STREET			ADDRESS						
CITY-ST-ZIP JACKSONVILLE FL 32209				2 4 CI			1-ZIP						
	SD			DELETE	3 1 TITL	E					Chang	ge 🔲 Addition	
	LAWRENCE, JACQUELYN			3 2 N									
STREET ADDRESS 2139 WEST 39TH STREET				3 3 STREET ADDRESS									
	JACKSONVILLE FL 32209						A CITY-ST-ZIP						
TITLE	TD LAWDENCE (4.1 TITLE 4.2 NAME					Chang	ge Addition		
	LAWRENCE, LOUISE 2439 SPIREA STREET						4000000						
	JACKSONVILI						ADDRESS						
CITY-ST-ZIP TITLE	DAOROOITTILI	L I L OCCUS		DELETE	4.4 CITY 5.1 TITU	_	-2112						
NAME		The state of the s	Sules .		5.2 NAN						Chang	ge Addition	
STREET ADDRESS			نظري			5.3 STREET ADDRESS							
CITY-ST-ZIP					5.4 CITY		1						
TITLE				DELETE	6.1 TITL						Chang	ge Addition	
NAME					6.2 NAM		}				C Sumply	, L. J. Auditoli	
STREET ADDRESS					1		ADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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.

6,4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

SOFFICER OR SECTOR

13/10698 (904) 924944

Sep 10 1998 8:00am°

Secretary of State