FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700001559

1. Corporation Name

METRO INNER-CITY SUNDAY SCHOOLS OF JACKSONVILLE.

Principal Place of Business

Mailing Address

1196 KNOLL DRIVE WEST JACKSONVILLE FL 32211

1196 KNOLL DRIVE WEST JACKSONVILLE FL 32211

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90064 010 ****61.25



Principal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 03/17/1997
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.	_		4. FEI Number Applied For
22	,	27			59-3433761 Not Applicable
City & Sta	ate	City & State			5. Certifcate of Status Desired S8.75 Additional Fee Required
Zip	Country	Zip	Count	гу	6. Election Campaign Financing \$5.00 May Be
24	25	29	30		Trust Fund Contribution Added to Fees
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			1	1 Name	
LANE, TERRY M				2 Street	t Address (P.O. Box Number is Not Acceptable)
,	1196 KNOLL DRIVE WEST				
JACKSONVILLE FL 32211				3	
JACKSOI	WAILTE LE OSELL		Į,	4 City	85 Zip Code
	•		•	4 City	FL S Z C C C C C C C C C
Office or	registered agent, or both, in the State of am familiar with, and accept the obligate	of Florida. Such change was a tions of, Section 617.0503, Flo	nutnonzed t orida Statut	sy the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATORE	Signature, typed or printed name of registered ager		_ 	gent signature n	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TML		☐ Change ☐ Addition
NAME	LANE, TERRY M		1.2 NAM	E	
STREET ADDRESS	s 1196 KNOLL DRIVE WEST		1.3 STR	ET ADORESS	5
CITY-ST-ZIP	JACKSONVILLE FL 32211			-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITL	•	☐ Change ☐ Additio
NAME	LANE, KATHRYN M		2.2 NAM	E Į	
STREET ADDRES	s 1196 KNOLL DRIVE WEST		2.3 STR	ET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211			(-ST-ZIP	
TITLE	D	☐ DÉLETE	3.1 TITL	!	☐ Change ☐ Addition
NAME	MILLARD, KRISTA		3.2 NAM	E (
STREET ADDRES	s 1196 KNOLL DRIVE WEST		3.3 STR	EET ADDRESS	S
CITY-ST-ZIP	JACKSONVILLE FL 32211		_	-ST-ZIP	☐ Change ☐ Additio
TITLE		☐ DELETE	4.1 TTL		☐ Change ☐ Addition
NAME			4. 2 NA	Œ	
STREET ADDRES	s		4.3 STR	EET ADDRESS	s
CITY-ST-ZIP_				-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Additio
NAME			5.2 NAM	-	
STREET ADDRES	s			EET ADDRESS	8
CITY-ST-ZIP			_	-ST-ZIP	☐ Change ☐ Additio
TITLE		☐ DELETE	6.1 TTL		Change Additio
NAME			6.2 NAM		
PERCET ANNOES	-el		6.3 STR	EET ADDRESS	S)

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 supplied that the information indicated on this annual report or supplied that 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 the receiver of the corporation of the receiver of the

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP