FILE NOW: FILING FEE IS \$61.25

NONPROFIT ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham, Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT #

N97000002863 (5)

LIBERTY COMMUNITY CHURCH OF JACKSONVILLE, INC.

Mailing Address Principal Place of Business 4642 PINEWOOD AVE 4642 PINEWOOD AVE 3. Date Incorporated or Qualified JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 05/20/1997 Applied For 4. FEI Number 59-3432109 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 11417-A Saints 21 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? Jacksonville Yes 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 32246-3826 Duval ☐ Yes Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVERILL, SCOTT Street Address (P.O. Box Number is Not Acceptable) 4642 PINEWOOD AVE 83 JACKSONVILLE FL 32207 Zip Code 84 City 85 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. President - Tipustee Scott Everill Change ☐ Addition DELETE 1.1 TITLE 1.2 NAME NAME 4642 Pinewood Ave 1.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 11 Riddell 2.2 NAME NAME Klindover Cove. 2.3 STREET ADDRESS STREET ADDRESS 2 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME Daniell Function 8234 Shady Grove G STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE Villiam Everill 4.2 NAME NAME Jamaica Ct. 4.3 STREET ADDRESS STREET ADORESS FL 32216 CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE William Everilly I 5.2 NAME NAME 2179 Traymore 5.3 STREET ADDRESS STREET ADDRESS FL 32707 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME

FILED Jun 25 1998 8:00am Secretary of State



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 peport as required by Chapter 617, Florida Statutes; and that my name appears in

3-5-68

STREET ADDRESS

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attackiment with an address

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

928-001