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Feb 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N97000005777 (4)**

1. Corporation Name

NORWOOD BAPTIST CHURCH, INC., JACKSONVILLE, FL

Principal Place of Business

Mailing Address

6505 NORWOOD AVE
JACKSONVILLE FL 32208

6505 NORWOOD AVE
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-1205797

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, A DARREL
5655 SALERNO RD
JACKSONVILLE FL 32244**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MURRAY, A. DARREL
STREET ADDRESS 5655 SALERNO RD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE VD
NAME ROBERTSON, JAMES
STREET ADDRESS 471 W 70TH ST
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD
NAME DIXON, SHIRLEY
STREET ADDRESS 804 GARDENIA LANE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TD
NAME ROOF, EDGAR R
STREET ADDRESS 7464 ROWAN CT
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D
NAME MENOTTE, ELIZABETH
STREET ADDRESS 7930 LORAIN ST
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Edgar R. Roof**

904-765-2047

CR2E037 (10/97)