

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90005 042 \*\*\*\*61.25



|                                                                                    |  |  |                                                                        |                                                                                                                               |  |
|------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                    |  |  |                                                                        | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # N98000003583</b>                                                     |  |  |                                                                        |                                                                                                                               |  |
| <b>1. Corporation Name</b><br><b>ST. NICHOLAS BETHEL BAPTIST CHURCH INC.</b>       |  |  |                                                                        |                                                                                                                               |  |
| <b>Principal Place of Business</b><br>2606 SAN DIEGO ROAD<br>JACKSONVILLE FL 32207 |  |  | <b>Mailing Address</b><br>2606 SAN DIEGO ROAD<br>JACKSONVILLE FL 32207 |                                                                                                                               |  |

|                                                               |  |                                                    |  |                                                                                                                           |  |
|---------------------------------------------------------------|--|----------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>2. Principal Place of Business</b><br>21 State, Apt., etc. |  | <b>2a. Mailing Address</b><br>26 Suite, Apt., etc. |  | <b>3. Date Incorporated or Qualified</b><br>08/17/1998                                                                    |  |
| <b>22. City &amp; State</b>                                   |  | <b>27. City &amp; State</b>                        |  | <b>4. FEI Number</b><br>59-2874669                                                                                        |  |
| <b>23. Zip</b>                                                |  | <b>28. Zip</b>                                     |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| <b>24. Country</b>                                            |  | <b>29. Country</b>                                 |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |

|                                                                                                                         |  |  |  |                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------|--|
| <b>9. Name and Address of Current Registered Agent</b><br>BROWN, AUDREY<br>5013 WINCHESTER DR.<br>JACKSONVILLE FL 32217 |  |  |  | <b>10. Name and Address of New Registered Agent</b>           |  |
| <b>81. Name</b>                                                                                                         |  |  |  | <b>82. Street Address (P.O. Box Number is Not Acceptable)</b> |  |
| <b>83.</b>                                                                                                              |  |  |  | <b>84. City</b>                                               |  |
|                                                                                                                         |  |  |  | <b>85. Zip Code</b>                                           |  |

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** *Audrey Brown* **DATE** 7/21/99

|                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                               |  |  |  | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                             |  |  |  |
| <b>1. TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> Mr. Carl H. Cherry<br><b>STREET ADDRESS</b> Chairman of Deacons Board<br><b>CITY-ST-ZIP</b> 3045 St 32204                        |  |  |  | <b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1.2 NAME</b> SOVERMICA LITTLE<br><b>1.3 STREET ADDRESS</b> Treasurer of Church<br><b>1.4 CITY-ST-ZIP</b> 10112 Glenfield Court<br>JACK FL 32204 |  |  |  |
| <b>2. TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> Chairman of Trustee Board<br><b>STREET ADDRESS</b> Mr. Robert L. Green<br><b>CITY-ST-ZIP</b> 5013 Winchester Dr<br>JACK FL 32217 |  |  |  | <b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY-ST-ZIP</b>                                                                             |  |  |  |
| <b>3. TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> James Riley<br><b>STREET ADDRESS</b> Vice Chairman Deacons Board<br><b>CITY-ST-ZIP</b> 11471 Lee Ethel Dr<br>JACK FL 32256       |  |  |  | <b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY-ST-ZIP</b>                                                                             |  |  |  |
| <b>4. TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> Joe Turner<br><b>STREET ADDRESS</b> Trustee Board member<br><b>CITY-ST-ZIP</b> 421 West 23rd St<br>JACK FL 32206                 |  |  |  | <b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY-ST-ZIP</b>                                                                             |  |  |  |
| <b>5. TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> Albert K. Ham<br><b>STREET ADDRESS</b> Member of Trustee Board<br><b>CITY-ST-ZIP</b> 6259 Fleming Avenue<br>JACK FL 32214        |  |  |  | <b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b>                                                                             |  |  |  |
| <b>6. TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> Sis Cindy Jones<br><b>STREET ADDRESS</b> Financial Secretary<br><b>CITY-ST-ZIP</b> 3398 Shepherd Rd<br>JACK FL 32204             |  |  |  | <b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b>                                                                             |  |  |  |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #