

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003829 ✓

1. Corporation Name

PECAN PARK BAPTIST CHURCH, INC.

Principal Place of Business

162 PARK AVE.
JACKSONVILLE FL 32218

Mailing Address

162 PARK AVE.
JACKSONVILLE FL 32218

FILED
Jul 13, 1999 8:00 am
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2372269	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

8. Name and Address of Current Registered Agent

DRURY, THOMAS T
11335 AVERY DR.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MARY F. CANNON
STREET ADDRESS		1.3 STREET ADDRESS	402 PARK AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOLINDA RAWLINGS
STREET ADDRESS		2.3 STREET ADDRESS	15229 ROBERTS AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	REECE SNEAD
STREET ADDRESS		3.3 STREET ADDRESS	11385 SWEET CHERRY LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	EDITH POPE
STREET ADDRESS		4.3 STREET ADDRESS	200 BIRD RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32248* <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FRANK BOWMAN
STREET ADDRESS		5.3 STREET ADDRESS	260 ORANGEDALE AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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

Thomas T Drury

Date

7/4/99

Daytime Phone #

(904) 757-0621