

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90055 038 ****61.25

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1. Corporation Name

SOUTHEAST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

**3839 LUTH DR E
JACKSONVILLE FL 32250**

Mailing Address

**3839 LUTH DR E
JACKSONVILLE FL 32250**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

59-3391681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**STEPP, R. WESLEY
3839 LUTH DR E
JACKSONVILLE FL 32250**

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

TITLE Chairman of Board **P/D** ☐ DELETE
NAME Bill Stafford
STREET ADDRESS 3460 Thalia Rd.
CITY-ST-ZIP Jacksonville, FL 32250

TITLE Board Secretary **/D** ☐ DELETE
NAME Jeremy Trout
STREET ADDRESS 76 E. 56th St.
CITY-ST-ZIP Jacksonville, FL 32208-4704

TITLE Church Treasurer ☐ DELETE
NAME Sara Cabanban
STREET ADDRESS 12303 Sondra Cove Trail N.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE Assistant Treasurer ☐ DELETE
NAME Nida Cabanban
STREET ADDRESS 3411 Grenoble Dr.
CITY-ST-ZIP Jacksonville, FL 32277

TITLE Board Member **VP/D** ☐ DELETE
NAME Ramon Rosa
STREET ADDRESS 2967 Kelso Cir. E.
CITY-ST-ZIP Jacksonville, FL 32250

TITLE Board Member ☐ DELETE
NAME Romeo Cabanban **D**
STREET ADDRESS 3411 Grenoble Dr.
CITY-ST-ZIP Jacksonville, FL 32277

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Jan 99 (904) 270-6148

CR2E037 (11/98)