

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90069 045 ****70.00

DOCUMENT # N98000006575

1. Corporation Name

BAPTIST SENIOR MINISTRIES, INC.

Principal Place of Business

1320 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Mailing Address

1320 HENDRICKS AVENUE
JACKSONVILLE FL 32207



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

11/19/1998

4. FEI Number

59-3543437

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

BORDERS, GEORGE R
10010 BELLE RIVER BLVD. #607
JACKSONVILLE FL 32256

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

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

P

1.2 NAME

Borders, George R.

1.3 STREET ADDRESS

10010 Belle River Blvd. #607

1.4 CITY-ST-ZIP

Jacksonville, FL 32256

2.1 TITLE

S

2.2 NAME

Wilbanks, Kimberly P.

2.3 STREET ADDRESS

9135 Paisley Court

2.4 CITY-ST-ZIP

Jacksonville, FL 32257

3.1 TITLE

D

3.2 NAME

Watson, Alvin

3.3 STREET ADDRESS

13654 Myrica Ct.

3.4 CITY-ST-ZIP

Jacksonville, FL 32224

4.1 TITLE

D

4.2 NAME

Broome, Richard

4.3 STREET ADDRESS

4714 Gemini Dr. N.

4.4 CITY-ST-ZIP

Jacksonville, FL 32217

5.1 TITLE

D

5.2 NAME

Hill, Stan

5.3 STREET ADDRESS

8433 Stables Road

5.4 CITY-ST-ZIP

Jacksonville, FL 32256

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, with all other like empowered.

SIGNATURE:

Kimberly P. Wilbanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly P. Wilbanks

3/22/99

904/346-0325

Date

Daytime Phone #

CR2E037 (1/1/98)