

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000049398

FLORIDA BAPTIST AUXILIARY ENTERPRISES, INC.

## Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90026 017 \*\*\*158.75



Principal Place of Business			Mailing Address				1 19511481 (19 15114 SIII1) Shen aant sa		(,,,,,	. ,	
1320 HENDRICKS AVE. JACKSONVILLE FL 32207			1320 HENDRICKS AVE. JACKSONVILLE FL 32207				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
							04/04/1991				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applie	d For	
21			26				59-3063645		Not A	pplicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.			remai wago dige. The	5. Certificate of Status Desired \$8.75 Additional Fee Required				
23	City & State	28	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			• (	
	Zip Coun		Zip . Country				8. This corporation owes the current year Intangible				
24	25	25					Personal Property Tax.	\rightarrow Yes		No	
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
BORDERS, GEORGE R 1320 HENDRICKS AVE.					81 82	Name Street Addres	ss (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32207					83						
	n b g b			ļ	84	City		FL	Zip Cod		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.											
SIGNATURE Signature, based or printed game of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating)  DATE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
72	12. OFFICERS AND BIRCOTORIO			11.	E	7		□ Cha		<b>∇</b> Addition	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D DELETE	1.1 TITLE	D	☐ Change	Addition				
NAME ,	EASSA, JACK J Kittbuck	1.2 NAME	Rudie Guta						
STREET ADDRESS	2640 KHTBACK WAY	1,3 STREET ADDRESS	10620 Hutchism Blvd.						
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	Panuma City Beach, FL D Richard L. Overman 536 Coppitt Dr. S.	324					
TITLE	S DELETE	2.1 TITLE	D	Change	☐ Addition				
NAME	HOWELL, JOSEPH D	2.2 NAME	Richard L. Overman						
STREET ADDRESS	7654 HILSDALE HARBOR COURT	2.3 STREET ADDRESS	536 Coppitt or. 3.						
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	-Orange Park, FL 320	<u>73                                    </u>					
TITLE	P DELETE	3.1 TITLE	-	☐ Change	Addition				
NAME	BORDERS, GEORGE R	3.2 NAME							
STREET ADDRESS	3182 OLD PORT CIRCLE E	3.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL	3.4. CITY-ST-ZIP							
TITLE	D DELETE	4.1 TITLE		☐ Change	Addition				
NAME	JONES, CECIL S	4, 2 NAME							
STREET ADDRESS	1808 PINE ST.	4.3 STREET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL 32951	4,4 CITY-ST-ZIP			<b></b>				
TITLE	D DELETE	5,1 TITLE		☐ Change	☐ Addition				
NAME	CREASMAN, HERSHEL	5.2 NAME							
STREET ADDRESS	11131 NW 24TH STREET	5.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP		C 0	<del></del>				
TITLE	D DELETE	6.1 TITLE		☐ Change	Tag Addingon				
NAME .	Miguel A. Lupez, Sv.	6.2 NAME			~				
		6.3 STREET ADDRESS							
CITY-ST-ZIP	Miam 1 61 38116-5324	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 607, 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: