## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 701365** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name TERRY ROAD BAPTIST CHURCH, INC. 04-05-2000 90102 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 6625 TERRY RD 6625 TERRY RD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-5030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number City & State City & State 59-1762284 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARNES, BETTY 2138 LARRY DR WEST JACKSONVILLE FL 32216 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILLIAM A LONG, JR NAME NAME STREET ADDRESS 5957 CHEVY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32216 ☐ Change ☐ Addition **VPT** ☐ Delete TITLE TITLE MIKE SELEY NAME NAME STREET ADDRESS 12381 HUNTERS HAVEN LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32224 ☐ Delete Change Addition ST TITLE TITLE JOHN HURST NAME NAME STREET ADDRESS STREET ADDRESS 1125 17TH ST N CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL 32250 ☐ Addition Change TITLE ☐ Delete TITLE HUGO, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 3416 EMAN DR CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 32216 ☐ Delete ☐ Change ☐ Addition TITI F TITLE BARNES, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 2138 LARRY DR. WEST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered