

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 701365**

1. Entity Name

**TERRY ROAD BAPTIST CHURCH, INC.****FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90049 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**6625 TERRY RD  
JACKSONVILLE FL 32216****6625 TERRY RD  
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1762284**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, BETTY  
2138 LARRY DR WEST  
JACKSONVILLE FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P WILLIAM A LONG, JR**  
STREET ADDRESS **5957 CHEVY DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME **VPT MIKE SELEY**  
STREET ADDRESS **12381 HUNTERS HAVEN LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**TITLE ☒ Change ☐ Addition  
NAME **VPT Phil Nichols**  
STREET ADDRESS **26 Beckwith Street**  
CITY-ST-ZIP **Jacksonville, FL 32216**TITLE ☐ Delete  
NAME **ST JOHN HURST**  
STREET ADDRESS **1125 17TH ST N**  
CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME **T MANWELL, MARK**  
STREET ADDRESS **7531 POTTSBURG LANDING DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☒ Change ☐ Addition  
NAME **T Ronald W. Weeks, Jr.**  
STREET ADDRESS **7174 Ridgeglen Ct.**  
CITY-ST-ZIP **Jacksonville, FL 32216**TITLE ☐ Delete  
NAME **T BARNES, BETTY**  
STREET ADDRESS **2138 LARRY DR. WEST**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: **Betty Barnes, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/02 904-733-4250**  
Date Daytime Phone #

CR2E037 (9/01)