

FILED  
Jul 30, 2002 8:00 am  
Secretary of State

07-16-2002 90362 011 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754839

1. Entity Name

ALLANDALE BAPTIST CHURCH, INC.

- 40167



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3012 W 12TH STREET JACKSONVILLE FL 32254 US		3012 W 12TH STREET JACKSONVILLE FL 32254 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TYRE, GLADYS B 1080 DETROIT ST. JACKSONVILLE FL 32254 <i>DECEASED</i>		Name: EARL WILLIAMSON Street Address (P.O. Box Number is Not Acceptable): 5512 GOLFVIEW ST. City: JACKSONVILLE FL Zip Code: 32210	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Earl Williamson*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: TYRE, GLADYS STREET ADDRESS: 1080 DETROIT STREET CITY-ST-ZIP: JACKSONVILLE FL 32254 <i>DECEASED</i> <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: BRAGG, LOIS STREET ADDRESS: 3519 WESTWOOD STREET CITY-ST-ZIP: JACKSONVILLE FL 32254 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: ELLIS, GLADYS S STREET ADDRESS: 2979 W 12TH STREET CITY-ST-ZIP: JACKSONVILLE FL 32254 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD TRUSTEE NAME: EARL WILLIAMSON STREET ADDRESS: 5512 GOLFVIEW ST. CITY-ST-ZIP: JACKSONVILLE, FLA. 32210 <input type="checkbox"/> Delete T		TITLE: REG. AGENT NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete T NAME: EVELYN GRAHAM STREET ADDRESS: 3163 SUNNYBROOK ST. CITY-ST-ZIP: JACKSONVILLE, FLA. 32254		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete T NAME: MARY PARTRIDGE STREET ADDRESS: 1222 LANE CIRCLE CITY-ST-ZIP: JACKSONVILLE, FLA. 32254		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: SIGNATURE REQUIRED *Gladys & Ellis 904 353 4714*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)