

2001 UNIFORM BUSINESS REPORT-(UBR)

4/27/

FILED
May 18, 2001 8:00 am
Secretary of State

04-27-2001 90284 049 ****61.25

DOCUMENT # 757545

1. Entity Name

Longbranch Missionary Baptist Church, Inc.

Principal Place of Business

% CUYLE E WILKINSON, JR
 5500 LONG BRANCH CEMETERY ROAD
 JACKSONVILLE FL 32234

Mailing Address

% CUYLE E WILKINSON, JR
 5500 LONG BRANCH CEMETERY ROAD
 JACKSONVILLE FL 32234

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

59-2186318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, CUYLE E. JR.
 18385 MAX-MIDDLEBURG ROAD
 JACKSONVILLE FL 32234

7. Name and Address of New Registered Agent

Name
Henry Starling, Jr
 Street Address (P.O. Box Number is Not Acceptable)
13970 Normandy Blvd
Jacksonville, FL 32234
 City **FL** Zip Code **32234**

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOSLEY, EARL	
STREET ADDRESS	15715 NORMANDY BLVD.	
CITY-ST-ZIP	BALDWIN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STARLING, HENRY L.	
STREET ADDRESS	13950 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, CUYLE, E JR	
STREET ADDRESS	18385 MAX-MIDDLEBURG RD	
CITY-ST-ZIP	MAXVILLE, FL 0	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERRELL, FRANKLIN D.	
STREET ADDRESS	859 GREGORY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Donald N. Jerkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18301 Max-Middleburg Rd	
STREET ADDRESS	Jacksonville, FL 32234	
CITY-ST-ZIP		
TITLE	George Kennerly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	379 McClelland Rd	
STREET ADDRESS	Jacksonville, FL 32234	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)