

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758217

1. Entity Name

BLACK CREEK BAPTIST ASSOCIATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90099 044 \*\*\*\*61.25

Principal Place of Business  
C/O RICK LAWRENCE  
384 LOGAN AVENUE  
ORANGE PARK FL 32065  
US

Mailing Address  
C/O RICK LAWRENCE  
384 LOGAN AVENUE  
ORANGE PARK FL 32065-6716  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1995366**  
Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
  
LAWRENCE, RICK  
384 LOGAN AVENUE  
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent  
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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | FISH, RICHARD         |  |
| STREET ADDRESS | 8635 MAXVILLE BLVD    |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32234 |  |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GESELL, JERRY         |  |
| STREET ADDRESS | 2444 JONES RD         |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32220 |  |
| TITLE          | ST                    | <input type="checkbox"/> Delete            |
| NAME           | CARTER, LINDA         |  |
| STREET ADDRESS | 1711 CHAFFEE RD S     |  |
| 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    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | PD                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gesell, Jerry                |  |
| STREET ADDRESS | 2444 Jones Rd.               |  |
| CITY-ST-ZIP    | Jacksonville FL 32220        |  |
| TITLE          | VD                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Whigley, Greg                |  |
| STREET ADDRESS | 1356 Blackmon Rd.            |  |
| CITY-ST-ZIP    | Green Cove Springs, FL 32043 |  |
| 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          |                              | <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: Linda Carter 4-12-2000 904-272-1707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)