

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90124 050 \*\*\*\*61.25

**DOCUMENT # 760847**

1. Entity Name

**FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA IN**

Principal Place of Business

Mailing Address

124 WEST ASHLEY STREET  
 JACKSONVILLE FL 32202

124 WEST ASHLEY STREET  
 JACKSONVILLE FL 32202-3104

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

**59-0823939**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, MARSHALL**  
**SUITE 620, 233 E. BAY STREET**  
**JACKSONVILLE FL 32202**

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 **VTR**  
 STREET ADDRESS **INGOLDSBY, JAMES H**  
 CITY-ST-ZIP **505 LANASTER ST #9 A-B**  
**JACKSONVILLE FL 3204**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **505 LANCASTER ST #9 A-B**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE  Delete  
 NAME **STR**  
 STREET ADDRESS **HARRISON ROBERT C**  
 CITY-ST-ZIP **4278 LA LOSA DRIVE**  
**JACKSONVILLE FL 32217-4641**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STR**  
 STREET ADDRESS **DAVIS, MARSHALL D**  
 CITY-ST-ZIP **4130 MCGIRTS BLVD.**  
**JACKSONVILLE FL 32210-4362**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TTR**  
 STREET ADDRESS **WHORTON, JUDSON S**  
 CITY-ST-ZIP **5443 JOHN REYNOLDS DRIVE**  
**JACKSONVILLE FL 32277-1341**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PTR**  
 STREET ADDRESS **SWAIN, WILLIAM R**  
 CITY-ST-ZIP **3713 TIMUCUA TRAIL**  
**JACKSONVILLE FL 32277-2251**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TTR**  
 STREET ADDRESS **BLOUNT, JOHN O.**  
 CITY-ST-ZIP **6264 RIVIERA LANE**  
**JACKSONVILLE FL 32216-2532**

TITLE  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)(l), 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*

1/19/00

(904) 366-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #