

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90004 035 \*\*\*\*61.25

**DOCUMENT # N000000005640**

1. Entity Name

**NEW HAVEN BAPTIST CHURCH, INC.**

Principal Place of Business

**2814 DUNN AVE  
JACKSONVILLE FL 32218**

Mailing Address

**8036 KATHY ST  
JACKSONVILLE FL 32221**

2. Principal Place of Business

**10613 Lem Turner Rd.  
Suite, Apt. #, etc.**

3. Mailing Address

**77538 P.O. Box  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3668288**

Applied For

Not Applicable

Zip

Country

**32218**

**USA**

Zip

Country

**32218**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LONIX, JOHN E  
8036 KATHY ST  
JACKSONVILLE FL 32221**

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

**John E. Sonix 02-06-02**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LONIX, JOHN E</b><br><b>8036 KATHY ST</b><br><b>JACKSONVILLE FL 32221</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PICKNEY, WILLIS E</b><br><b>1867 BILODEAU CT.</b><br><b>JACKSONVILLE FL 32210</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FIELDS, GARY L</b><br><b>7960 PASCHAL ST</b><br><b>JACKSONVILLE FL 32220</b>      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**D**  
**Kenneth mann**  
**4924 Summit St.**  
**Jacksonville, FL 32204**

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: John E. Sonix 02-06-02 (904) 693-2343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)