2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # N00205** HEDGES BAPTIST CHURCH HOLDING COMPANY, INC. 04-19-2000 90059 045 ****61.25 Principal Place of Business Mailing Address 1576 SUTTON PLACE RD P O BOX 515 YULEE FL 32097 YULEE FL 32041-0515 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3410177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOWERS, JOYCE** Street Address (P.O. Box Number is Not Acceptable) 1878 CHESTER ROAD YULEE FL 32097 City 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition CARTER, THOMAS K NAME NAME 1846 CHESTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP VIR TITLE TITLE X, Delete ☐ Change Addition TURNER, DOUGLAS NAME NAME Gerald E. Gainey/T 4123 TYSON ROAD STREET ADDRESS STREET ADDRESS 754 Harts Road FERNANDINA BEACH FL 32034 CITY-ST-ZIP - -CITY-ST-ZIP~ Yulee Ft. 32097 **S/T** TITLE ☐ Delete TITLE Change ☐ Addition **BOWERS, JOYCE P** NAME NAME 1878 CHESTER RD. STREET ADDRESS STREET ADDRESS YULEE FL 32097 CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change Addition BUSH, RANDALL NAME Barry L. Halter /T 13253 GALWAY AVENUE STREET ADDRESS STREET ADDRESS 622 Bird Road JACKSONVILLE FL 32218 CITY-ST-ZIP CITY-ST-ZIP racksonville. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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