

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00205**

1. Entity Name

HEDGES BAPTIST CHURCH HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

**1576 SUTTON PLACE RD
YULEE FL 32097****P O BOX 515
YULEE FL 32041-0515
US**

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

59-3410177

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWERS, JOYCE
1878 CHESTER ROAD
YULEE FL 32097**

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	TRP CARTER, THOMAS K 1846 CHESTER ROAD YULEE FL 32097 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/P CARTER, THOMAS K 548 PEEPLES ROAD YULEE, FL 32097 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAINEY, GERALD E 754 HARTS RD YULEE FL 32097 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V GURLEY, MARION G. 2012 HADDOCK ROAD YULEE, FL 32097 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BOWERS, JOYCE P 1878 CHESTER RD. YULEE FL 32097 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALTER, BARRY L 622 BIRD RD JACKSONVILLE FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S HALTER, BARRY L 622 BIRD ROAD JACKSONVILLE, FL 32218 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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:

JOYCE P. BOWERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce P. Bowers

04-28-02

Date

904-261-6510

Daytime Phone #