2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90090 004 ****70.00

DOCUMENT # N14742

1. Entity Name

JESUS CHRIST COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2069 N. MARKET STREET JACKSONVILLE FL 32206	2069 N. MARKET STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 9302 Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE, FL
Zip / Country	Zip: 32208-0302 / Country: USA

4. FEI Number: 59-2797800 ☐ 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
GAILYARD, KAREN H. 6402 SIERRA DR JACKSONVILLE FL 32244	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: KAREN H. GAILYARD - K.H. Gailyard 4/15/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ASS GAILYARD, SHIRLEY 7219 BAILEY CY JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAILYARD, REV. SAMUEL E. 7219 BAILEY CT. JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3310 N. Canal St Jax Fl. 32209 904-4759421 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SSTD GAILYARD, LINDA 1591 LANE AVENUE S., #36T JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7360 Amanda Crossing Dr. S. Jacksonville FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HT GAILYARD, SOLOMON 1591 LANE AVENUE S., #36T JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7360 Amanda Crossing Dr. S. Jacksonville FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAILYARD, KAREN H. 6402 SIERRA DR JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SSTD GREEN, BARBARA 9634 SPOTTSWOOD RD. W. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Samuel L. Gailyard 4/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #