# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 28, 2002 8:00 am**
**Secretary of State**
03-28-2002 90359 045 ****70.00

DOCUMENT # N14742

1. Entity Name

JESUS CHRIST COMMUNITY BAPTIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2069 N. MARKET STREET<br>JACKSONVILLE FL 32206 | P.O. BOX 9302<br>JACKSONVILLE FL 32206-0302 |

DO NOT WRITE IN THIS SPACE

| 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 59-2797800 ☐ 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.<br>6402 SIERRA DR<br>JACKSONVILLE FL 32244 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 K.H. Gailyard – K.H. GAILYARD 3-14-02
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASS<br>GAILYARD, SHIRLEY<br>7219 BAILEY CY<br>JACKSONVILLE FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GAILYARD, REV. SAMUEL E.<br>3310 N CANAL STREET<br>JACKSONVILLE FL 32209 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SSTD<br>GAILYARD, LINDA<br>7360 AMANDA CROSSING DRIVE S<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | HT<br>GAILYARD, SOLOMON<br>7360 AMANDA CROSSING DRIVE S<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GAILYARD, KAREN H.<br>~~6402 SIERRA DR~~<br>JACKSONVILLE FL 32244 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 10542 RUTGERS RD.<br>JACKSONVILLE FL 32218 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SSTD<br>GREEN, BARBARA<br>9634 SPOTTSWOOD RD. W.<br>JACKSONVILLE FL 32208 | ☐ 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:** K.H. Gailyard JR 3-15-02 (904)630-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #