

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90380 016 \*\*\*\*61.25

**DOCUMENT # N21079**

1. Entity Name

**SILVER GLYN BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**115 ARLINGTON ROAD NORTH  
 JACKSONVILLE FL 32211**

**115 ARLINGTON ROAD NORTH  
 JACKSONVILLE FL 32211**

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

**59-1091468**

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

**MAHON, HARRY B.  
 350 EAST ADAMS STREET  
 JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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: PD  Delete  
 NAME: WILLIS, NORMAN  
 STREET ADDRESS: 1715 HOLLY OAK LAKE RD. W.  
 CITY-ST-ZIP: JACKSONVILLE FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VD  Delete  
 NAME: DIHEL, RANDY  
 STREET ADDRESS: 5400 COLLINS ROAD #101  
 CITY-ST-ZIP: JACKSONVILLE FL 32244

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: TD  Delete  
 NAME: DIHEL, TRACEY  
 STREET ADDRESS: 7149 WENDY CIR  
 CITY-ST-ZIP: JACKSONVILLE FL

TITLE: TD  Change  Addition  
 NAME: Joyce Willis  
 STREET ADDRESS: 1715 Holly Oaks Lake Rd. W.  
 CITY-ST-ZIP: JACK, FL. 32225

TITLE: SD  Delete  
 NAME: FEIST, HEATHER  
 STREET ADDRESS: 933 MILLARD CT. E  
 CITY-ST-ZIP: JACKSONVILLE FL 32225

TITLE: SD  Change  Addition  
 NAME: Gloria Hartley  
 STREET ADDRESS: 725 Trekker St.  
 CITY-ST-ZIP: Jacksonville, FL 32216

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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: *NORMAN WILLIS*

7/27/02

904-721-0174

CR2E037 (4/02)