

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90439 039 ****61.25

0012883

DOCUMENT # N34361

1. Entity Name

THE CHURCH AT JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

8627 ANDALOMA ST
 JACKSONVILLE FL 32211
 US

P.O. BOX 8747
 JACKSONVILLE FL 32239-8747
 US

C0056307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2915889

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, BRUCE
 8627 ANDALOMA ST
 JACKSONVILLE FL 32211

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.

CI

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 \$61.25**

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	<input type="checkbox"/> Delete
NAME	LEE, BRUCE D.	
STREET ADDRESS	8627 ANDALOMA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALLARD, THOMAS L	
STREET ADDRESS	2715 PARDISH CEMETERY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL J	
STREET ADDRESS	2419 PATSY ANNE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL J	
STREET ADDRESS	2419 PATSY ANNE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

904-721-8670

Daytime Phone #

CR2E037 (10/00)