

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/14

01-14-2003 90087 035 ****61.25

DOCUMENT # N49906

1. Entity Name

RUSSELL BAPTIST CHURCH, INC.



Principal Place of Business
2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

Mailing Address
2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

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 **59-1592810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, RONALD L
2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

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

Ronald L Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CREWS, DAVID
4048 COUNTRY MEADOWS DR
MIDDLEBURG FL 32088

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
C PIKE, MIKE
2373 OLD BLUE RUN RD
GREEN COVE SPRINGS FL 32043

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
LINTON, ERIC
1613 NOLAN RD
MIDDLEBURG FL 32068

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D CROSBY, BOBBY
PO BOX 2338
ORANGE PARK FL 32067

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T LUERA, ALEX
592 HICKORY DR
GREEN COVE SPRINGS FL 32043

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald L Baker *2/10/03* *904-284-3951*

CR2E037 (10/02)