

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90143 021 ****61.25

DOCUMENT # N98000000247

1. Entity Name

SUMMERVILLE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**2842 MARS AVENUE
 JACKSONVILLE FL 32206**

**2842 MARS AVENUE
 JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3501812

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

**CANTY, EULA
 2835 MARS AVE.
 JACKSONVILLE FL 32206**

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 _____

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 | D | <input type="checkbox"/> Delete |
| NAME | HENRY, JAMES | |
| STREET ADDRESS | 3132 MARLAND STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, JESSE | |
| STREET ADDRESS | 9050 NORFOLK BLVD. #308 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUTLER, BERNARD | |
| STREET ADDRESS | 1322 FRANKLIN STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUSH, WILLIE | |
| STREET ADDRESS | 535 GOLFAIR BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CANTY, EULA | |
| STREET ADDRESS | 2835 MARS AVENUE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUNTER, JOYCE | |
| STREET ADDRESS | 11762 MALLARD LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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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| NAME | | |
| STREET ADDRESS | | |
| 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: _____

James Henry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-01

(904) 356-5254
 (904) 354-8186

Date

Daytime Phone #

CR2E037 (10/00)