

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760847

1. Entity Name

FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA IN

Principal Place of Business

Mailing Address

124 WEST ASHLEY STREET  
JACKSONVILLE FL 32202

124 WEST ASHLEY STREET  
JACKSONVILLE FL 32202-3104

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

59-0823939

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

DAVIS, MARSHALL  
SUITE 620, 233 E. BAY 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.

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

TITLE VTR ☐ Delete  
NAME INGOLDSBY, JAMES H  
STREET ADDRESS 505 LANASTER ST #9 A-B  
CITY-ST-ZIP JACKSONVILLE FL 3204

TITLE STR ☐ Delete  
NAME HARRISON ROBERT C  
STREET ADDRESS 4278 LA LOSA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32217-4641

TITLE STR ☐ Delete  
NAME DAVIS, MARSHALL D  
STREET ADDRESS 4130 MCGIRTS BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210-4362

TITLE TTR ☐ Delete  
NAME WHORTON, JUDSON S  
STREET ADDRESS 5443 JOHN REYNOLDS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32277-1341

TITLE PTR ☐ Delete  
NAME SWAIN, WILLIAM R  
STREET ADDRESS 3713 TIMUCUA TRAIL  
CITY-ST-ZIP JACKSONVILLE FL 32277-2251

TITLE TTR ☐ Delete  
NAME BLOUNT, JOHN O.  
STREET ADDRESS 6264 RIVIERA LANE  
CITY-ST-ZIP JACKSONVILLE FL 32216-2532

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME 505 LANCASTER ST #9 A-B  
STREET ADDRESS JACKSONVILLE, FL 32204  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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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)(f), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (904) 366-1221

Date

Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90124 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE