

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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



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

59-0823939

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **←**
 STREET ADDRESS **505 LANCASTER ST #9 A-B**
 CITY-ST-ZIP **(JACKSONVILLE) FL 32204**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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*

1/19/00 (904) 366-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #