

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760847

1. Entity Name

FIRST BAPTIST CHURCH OF JACKSONVILLE, FLORIDA INC.

Principal Place of Business

124 WEST ASHLEY STREET
JACKSONVILLE FL 32202

Mailing Address

124 WEST ASHLEY STREET
JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTR
INGOLDSBY, JAMES H
505 LANCASTER ST #9 A-B
JACKSONVILLE FL 32204

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
TTR
HARRISON, ROBERT C.
4278 LA LOSA DRIVE
JACKSONVILLE, FL 32217-4641

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
STR
HARRISON, RANDY
2300 CATTARAUGUS ROAD
JACKSONVILLE, FL 32207

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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: *Robert C. Harrison* Robert C. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

(904) 366-1221

Date

Daytime Phone #

CR2E037 (9/01)

0002430

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90044 009 ****61.25

00043433



DO NOT WRITE IN THIS SPACE