

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

0011922

03-28-2001 90193 020 ****61.25

DOCUMENT # 701593
 1. Entity Name
BELFORT ROAD BAPTIST CHURCH, INC.

Principal Place of Business 2950 BELFORT ROAD JACKSONVILLE FL 32216	Mailing Address 2950 BELFORT ROAD JACKSONVILLE FL 32216
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2925841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**HILL, ROBERT E
 2950 BELFORT ROAD
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
 Name **JULIUS J. BLAZS**
 Street Address (P.O. Box Number is Not Acceptable)
513 KERNAN MILL LN
 City **JACKSONVILLE FL** Zip Code **32259**

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]* **3-26-01**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME PT HILL, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS 5448 LORI DR	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE NAME D DELEON, CARLOS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3927 EVE DR E	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE NAME D MAXWELL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS 1830 DEWEY PLACE	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE NAME D KEMP, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12023 CANDLEWYCK LN	
CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE NAME D DRIGGERS, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 2117 SHERIDAN ST	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE NAME D FONGEALLAZ, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9675 OLD BAYMEADOWS RD APT 63	
CITY-ST-ZIP JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME T HILL, ROBERT E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5448 LORI DR	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE NAME P BLAZS, JULIUS J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 513 KERNAN MILL LN	
CITY-ST-ZIP JACKSONVILLE, FL 32259	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **3-26-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)