

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90046 040 ****61.25

DOCUMENT # 701593

1. Entity Name

BELFORT ROAD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**2950 BELFORT ROAD
 JACKSONVILLE FL 32216**

**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

Zip

Country

4. FEI Number **59-2925841**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

B0091710



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAZS, JULIUS J
 513 KERNAN MILL LANE
 JACKSONVILLE FL 32259**

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	HILL, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS	5448 LORI DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE NAME	BLAZS, JULIUS J	<input type="checkbox"/> Delete
STREET ADDRESS	513 KERNAN MILL LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE NAME	MAXWELL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	1830 DEWEY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE NAME	DRIGGERS, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	2117 SHERIDAN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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
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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: *Julius J Blazs* **4-10-02** **904-646-0599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)