


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90314 049 ****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	Zip	Country
6. Name and Address of Current Registered Agent BLAZS, JULIUS J 513 KERNAN MILL LANE JACKSONVILLE FL 32259		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2925841** Applied For
Not Applicable

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT E	NAME	
STREET ADDRESS	5448 LORI DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAZS, JULIUS J	NAME	
STREET ADDRESS	513 KERNAN MILL LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, FRED	NAME	
STREET ADDRESS	1830 DEWEY PLACE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, RICHARD	NAME	
STREET ADDRESS	2117 SHERIDAN ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 

4-25-03 904-287-3080

CR2E037 (10/02)