

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90135 015 \*\*\*\*61.25

**DOCUMENT # 704854**

1. Entity Name

**IMMANUEL FREE WILL BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**6505 NORWOOD AVE.  
 JAX FL 32208  
 US**

**6505 NORWOOD AVE  
 JAX FL 32208  
 US**

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

**70-4854260**

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

**ARMES, JERRY  
 4652 OAK ST.  
 MACCLENNY FL 32063**

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 **SD**  
 STREET ADDRESS **BERGER, NICK**  
 CITY-ST-ZIP **2111 BUNTING DR.  
 JAX FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **NOBLES, TAYLOR**  
 CITY-ST-ZIP **7884 CAXTON CIR W  
 JACKSONVILLE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MIKE AKERS**  
 CITY-ST-ZIP **5449 AMAZON AVE  
 JACKSONVILLE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **CUTLER, LEROY**  
 CITY-ST-ZIP **10561 VILANOVA RD  
 JACKSONVILLE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **ARMES, JERRY**  
 CITY-ST-ZIP **OAK AVE  
 MACCLENNY, FL 0**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BEVILLE, LEWIS C.**  
 CITY-ST-ZIP **3528 HARBISON ST  
 JACKSONVILLE FL**

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)(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: *Jerry Armes* SIGNATURE REQUIRED **ARMES** 4-5-02 904-2594333

CR2E037 (9/01)