

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

000349

DOCUMENT # 705961

1. Entity Name

MOUNT CARMEL MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.



Principal Place of Business

1329 MARKET STREET
JACKSONVILLE FL 32206

Mailing Address

1329 MARKET STREET
JACKSONVILLE FL 32206

2. Principal Place of Business

1329 Market Street

Suite, Apt. #, etc.

3. Mailing Address

1329 Market Street

Suite, Apt. #, etc.

City & State

JACKSONVILLE Florida

Zip
32206

Country

City & State

JACKSONVILLE Florida

Zip
32206

Country

4. FEI Number 59-2389585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, RUTH
5423 FOXBORO ROAD
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name Taylor, Victoria

Street Address (P.O. Box Number is Not Applicable)
6034 PETER RD S.

City Jacksonville

FL

Zip Code

32277

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:

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME JACOBS, FREDDIE B
STREET ADDRESS 1510 EAST 19TH STREET
CITY-ST-ZIP JACKSONVILLE FL

☒ Delete

TITLE D
NAME SMITH, JONATHAN
STREET ADDRESS 1035 WEST 17TH STREET
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D
NAME FOOTE, CHARLES
STREET ADDRESS 1116 EAST 19TH STREET
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D
NAME ROUNTREE, ARCHIE
STREET ADDRESS 1128 E 8TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

☐ Delete

TITLE D
NAME PORTCHUS, TAYLOR
STREET ADDRESS 6030 PETER ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ Delete

TITLE C
NAME JONES, GREGORY F
STREET ADDRESS 862 CHALMET LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PASTOR
NAME JACKSON, ANTHONY W.
STREET ADDRESS 825 W. 40TH ST. JAX, FLA 32206

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS 400023962874
CITY-ST-ZIP 10/21/03--01027--030 **236.35

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME Chairman of Deacons
STREET ADDRESS Portchus Taylor
CITY-ST-ZIP 6030 Peter Rd. South
Jacksonville, FL 32277

☒ Change ☐ Addition

TITLE D
NAME Jones, Gregory F
STREET ADDRESS 862 Chalmet Lane
CITY-ST-ZIP Jacksonville FL 32218

☒ 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:

Anthony W. Jackson

1-25-03 904-356-1944

CR2E037 (10/02)