

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

0010845

**DOCUMENT # 708640**

1. Entity Name

**WEST JACKSONVILLE BAPTIST CHURCH, INC.**

01-25-2001 90011 047 \*\*\*\*61.25

Principal Place of Business

5634 NORMANDY BLVD  
 JACKSONVILLE FL 32205

Mailing Address

5634 NORMANDY BLVD  
 JACKSONVILLE FL 32205

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

**59-0911199**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCMILLAN, W A**  
**1125 FOUNTAIN RD**  
**JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name  
**Kelley, Rodney L.**

Street Address (P.O. Box Number is Not Acceptable)

**1073 Fountain Road**

**Jacksonville, FL**

City  
**Jacksonville**

**FL**

Zip Code  
**32205**

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

*Rodney L. Kelley*  
 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>W.A. MCMILLAN</b>	
STREET ADDRESS	<b>1125 FOUNTAIN ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>W.W. MEEKS</b>	
STREET ADDRESS	<b>5384 PLYMOUTH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SAPP, TOMMY</b>	
STREET ADDRESS	<b>8245 OLD PLANK ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, GEORGE</b>	
STREET ADDRESS	<b>7748 STILLWELL ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rodney L. Kelley</b>	
STREET ADDRESS	<b>1073 Fountain Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rodney L. Kelley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)