

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90107 014 ****61.25

DOCUMENT # 709448

1. Entity Name

**GREATER MT. SALEM BAPTIST CHURCH, INCORPORATED,
 OF JACKSONVILLE, FLORIDA**

Principal Place of Business

Mailing Address

**2335 MONCRIEF ROAD
 JACKSONVILLE FL 32209**

**2335 MONCRIEF ROAD
 JACKSONVILLE FL 32209**

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 **05-0132408**

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

**BANK, CHARLES E
 1836 W. 23RD ST.
 JACKSONVILLE FL 32209**

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

Rev Charles E Banks

Rev. Charles E Banks

1-27-02

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 **PD** ☐ Delete
 NAME **BANK, CHARLES E**
 STREET ADDRESS **1836 WEST 23RD ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☒ Delete
 NAME **FORD, TALMADGE**
 STREET ADDRESS **3126 MARLAND ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **CD** ☒ Change ☐ Addition
 NAME **Michael Caldwell**
 STREET ADDRESS **3142 mell ct**
 CITY-ST-ZIP **Jacksonville Fla 32209**

TITLE **SD** ☐ Delete
 NAME **CASH, WINONA C**
 STREET ADDRESS **6508 CHAMPLAIN RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **WALKER, JOHNNY JR.**
 STREET ADDRESS **3323 MARLAND RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BD** ☒ Delete
 NAME **KING, BARBARA**
 STREET ADDRESS **8337 SPRING LAKE RD. NO.**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **BD** ☒ Change ☐ Addition
 NAME **Sylvia Green**
 STREET ADDRESS **2658 SANDRA Lane**
 CITY-ST-ZIP **Jacksonville Fla 32208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Rev Charles E Banks

1-27-02

(64) 3564759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)