## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **710882** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORID 04-03-2000 90133 023 \*\*\*\*61.25 Mailing Address Principal Place of Business 324 N 5TH STREET 324 N 5TH STREET JACKSONVILLE FL 32250-5529 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-6001024 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required \_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Melvin Case Street Address (P.O. Box Number is Not Acceptable) 324 N. 5th Street WOOD, C. TOMMY D 324 NORTH 5TH STREET JACKSONVILLE BEACH FL 32250 City Jacksonville Beach finits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity so Case, President 2000 SIGNATURE ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition TR ☐ Delete TITLE TITLE NAME NAME MILLER, FRED STREET ADDRESS STREET ADDRESS 1921 JARBOE LANE CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BEASLEY, GERALD STREET ADDRESS STREET ADDRESS 1115 N 16 AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH. FL Change ☐ Addition TITLE ☐ Delete TITLE NAME Pope, ellis t. NAME STREET ADDRESS STREET ADDRESS 1310 FLORIDA BLVD. CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH FL ☐ Addition TITLE XX Change TITLE X Delete President NAME NAME wood, C. Tommy D Melvin Case STREET ADDRESS STREET ADDRESS 324 N 5TH ST 324 N. 5th Street CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL 32250 <u>Jacksonville Beach,</u> Change Addition TITLE Delete TITLE NAME NAME MCCRANIE, STAN STREET ADDRESS STREET ADDRESS 3901 PONTE VEDRA BLVD CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE BEACH FL 32250 ☐ Change ☐ Addition TITLE TITLE ☐ Delete PUGH, MELODY NAME NAME STREET ADDRESS STREET ADDRESS 734 N. 10TH STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 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.

Melvin Case

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

904-249-231

March 28,