

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM****Secretary of State****DOCUMENT # 716111**1. Entity Name  
**BAPTIST TOWERS OF JACKSONVILLE, INC.**Principal Place of Business  
**1400 LE BARON AVE**  
**JACKSONVILLE FL 32207**Mailing Address  
**1400 LE BARON AVE**  
**JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-1392216**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WHITLEY, WILLIAM R.**  
**2707 DUPONT AVENUE****JACKSONVILLE FL 32217**Name  
**PRICE, BRIDGET L**Street Address (P.O. Box Number is Not Acceptable)  
**515 OPAL AVENUE**City  
**ORANGE PARK FL 32065**Zip Code  
**32065**

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 **BRIDGET L PRICE****04/11/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**HERNANDEZ RUDY**  
**2505 HIGHSMITH LANDING**  
**JACKSONVILLE FL 32226** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V** ☒ Change ☐ Addition  
**EDWARDS DANNY**  
**9908 VINEYARD LAKE LANE**  
**JACKSONVILLE FL 32256**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST** ☐ Delete  
**HILL, STAN W.**  
**8483 STABLES RD.**  
**JACKSONVILLE FL 32256**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**SNELL JACK ADR.**  
**4308 HEAVEN TREES ROAD**  
**JACKSONVILLE FL 32207**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**MITCHELL JOHN III**  
**1897 BEACH AVENUE**  
**ATLANTIC BEACH FL 32233**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**WHORTON, JUDSON**  
**5443 JOHN REYNOLDS DRIVE**  
**JACKSONVILLE FL 32277**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P** ☐ Delete  
**VERLANDER CHRIS**  
**10148 DEERCREEK CLUB ROAD EAST**  
**JACKSONVILLE FL 32256**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**ROWE ROBERT JR.**  
**8112 PINE LANE RD.**  
**JACKSONVILLE FL 32256**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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)(f), 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: STAN W HILL****ST****04/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)