

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719564

1. Entity Name

HOLY BIBLE BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

2030 DUNN AVE.
JACKSONVILLE FL 32218

Mailing Address

2030 DUNN AVE.
JACKSONVILLE FLA 32218-4716

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

59-1614506

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

SNAPP, WEBSTER K
1609 LONDON AVE
JACKSONVILLE FL 32307

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

WEBSTER K SNAPP

Webster K Snapp

3/27/00

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 P
NAME MINTON, JOE ☒ Delete
STREET ADDRESS 2030 DUNN AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME LARRY Joe Minton Sr ☒ Change ☐ Addition
STREET ADDRESS 13485 Pate Rd W
CITY-ST-ZIP Jacksonville FL

TITLE P
NAME SNAPP, WEBSTER K ☐ Delete
STREET ADDRESS 1609 LONDON AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME Johnny D Minton ☐ Change ☒ Addition
STREET ADDRESS 11271 Emuness Rd.
CITY-ST-ZIP Jacksonville FL

TITLE D
NAME MINTON, PHILLIPS S ☐ Delete
STREET ADDRESS 11334 AVERY DR
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D
NAME HUTCHINS, DONALD ☐ Delete
STREET ADDRESS 604 W BANK STREET
CITY-ST-ZIP WINSTON SALEM SC 27204

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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)(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:

Signature of Signing Officer or Director

3/27/00

757 8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)