

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719564

1. Entity Name

HOLY BIBLE BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

11249 EMUNESS RD  
JACKSONVILLE FL 32218

Mailing Address

11249 EMUNESS RD  
JACKSONVILLE FL 32218

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

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

1-19-2002

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

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

TITLE D  
NAME MINTON, MARY JOE  
STREET ADDRESS 780 PERMENTO AVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME MINTON, LARY JOE  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE D  
NAME MINTON, JOHNNY  
STREET ADDRESS 11271 EMUNESS RD  
CITY-ST-ZIP WINSTON SALEM SC ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP JACKSONVILLE FL ☒ 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:

*Webster K Snapp* Webster K SNAPP 1-7-02 904-396-4605

CR2E037 (9/01)