

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721264

1. Entity Name

THE TRINITY BAPTIST CHURCH OF JACKSONVILLE, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90035 031 ****70.00

Principal Place of Business

Mailing Address

800 HAMMOND BLVD.
 JACKSONVILLE FL 32221-1342

800 HAMMOND BLVD.
 JACKSONVILLE FL 32221-1342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0774202

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MESSER, THOMAS .
 800 HAMMOND BLVD.
 JACKSONVILLE FL 32221

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MESSER, THOMAS C	800 HAMMOND BLVD.	JACKSONVILLE FL 32221				
VD	GREENE, WILLIAM M.	1090 KNOLL DRIVE W.	JACKSONVILLE FL				
TD	BRADDOCK, KENNETH	10434 PIEDMONT RD	JACKSONVILLE FL				
SD	AKINS, MICHAEL L.	8374 GRAMPELL	JACKSONVILLE FL				

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: Thomas C. Messer REQUIRED Thomas C. Messer, President/Director 1/18/00 (904) 786-5320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)