## ≥3001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State **DOCUMENT # 729395** 1. Entity Name 05-14-2001 90193 001 \*\*\*\*70.00 WESTSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 2725 LAURA ST. AT 18TH ST. 2725 LAURA ST. AT 18TH ST. 974500 JACKSONVILLE FL 32206-2830 JACKSONVILLE FL 32206-2830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2437255 Not Applicable Zip Country Country ~ Zip . .~' · \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEWART, GERALD B. 816 BROAD ST. JACKSONVILLE FL 32202 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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, ANDREW NAME NAME 2405 BURGOYNE DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IF JACKSONVILLE FL CITY-ST-7/P TSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, LENDWARD, JR. NAME NAME STREET ADDRESS 7527 LUEDERS AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7IP VD TITLE ☐ Delete TITLE ☐ Change ■ Addition CARTER, GEORGE F NAME STREET ADDRESS 11557 KEY BISCAYNE DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition KELLY, HAROLD R NAME NAME STREET ADDRESS 6044 TRUIMPH LN W. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE