

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90325 001 ****61.25

DOCUMENT # 733497

1. Entity Name

NORTHVIEW BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

422 NEW BERLIN RD.
 JACKSONVILLE FL 32218

422 NEW BERLIN RD.
 JACKSONVILLE FL 32218-3827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0917269

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONK, BROOKS REV.
422 NEW BERLIN RD.
JACKSONVILLE FL 32218

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

Rev. Brooks Monk

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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	D	<input type="checkbox"/> Delete
NAME	COLLINS, ROBERT	
STREET ADDRESS	11274 EMUNESS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, RONALD	
STREET ADDRESS	12575 CAMDEN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEARS, RAYMOND	
STREET ADDRESS	6803 MEADOWS LANE	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, DONALD	
STREET ADDRESS	2725 LEONID ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	REV. BROOKS MONK	
STREET ADDRESS	2004 LANDWOOD ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, BILL	
STREET ADDRESS	11653 HOULE RD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, MIKE	
STREET ADDRESS	922 SEBEL THOMAS ROAD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conner, Kenneth	
STREET ADDRESS	1416 FRED GRAY ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	

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: *Rev. Brooks Monk* **REV. BROOKS MONK** *5/1/00* **5/1/00** *(904) 757-3222* **(904) 757-3222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)