

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90103 039 ****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**

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

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 Delete
COLLINS, ROBERT
 STREET ADDRESS **11274 EMUNESS RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
GODWIN, RONALD
 STREET ADDRESS **12575 CAMDEN ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
COLE, MIKE
 STREET ADDRESS **922 JEWEL THOMAS RD**
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
ROBERTS, DONALD
 STREET ADDRESS **2725 LEONID ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
REV. BROOKS MONK
 STREET ADDRESS **2004 LANDWOOD ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
CONNER, KENNETH
 STREET ADDRESS **1418 FRED GRAY RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE NAME Change Addition
 STREET ADDRESS
 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 other like empowered.

SIGNATURE: Brooks Monk **BROOKS MONK**

4/7/02 904-757-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)