


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90075 018 \*\*\*\*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

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0917269**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brooks Monk*      DATE **3/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, ROBERT</b>	
STREET ADDRESS	<b>11274 EMUNESS RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GODWIN, RONALD</b>	
STREET ADDRESS	<b>12575 CAMDEN ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLE, MIKE</b>	
STREET ADDRESS	<b>922 JEWEL THOMAS RD</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, DONALD</b>	
STREET ADDRESS	<b>2725 LEONID ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REV. BROOKS MONK</b>	
STREET ADDRESS	<b>2004 LANDWOOD ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CONNER, KENNETH</b>	
STREET ADDRESS	<b>1416 FRED GRAY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DWAYNE GLOVER</b>	
STREET ADDRESS	<b>16026 RED BASS DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32226</b>	

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*      **RECEIVED BROOKS MONK**      DATE **3/20/03**      PHONE **(904) 757-3222**

CR2E037 (10/02)