2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 737824** Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHSIDE BIBLE CHAPEL, INC. 07-26-2000 90024 001 *****8.75 07-26-2000 90024 002 ****61.25 Principal Place of Business Mailing Address 2701 DEAN RD 2701 DEAN RD JACKSONVILLE FL 32216-5138 JACKSONVILLE FL 32216-5138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2524292 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LESTER, GARLAND M **152 TARRASA DRIVE** JACKSONVILLE, FL Zip Code 32225 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. 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. _ Change _ Addition TITLE ☐ Delete TITLE POWERS, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 3608 HOVER LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition Change SD ☐ Delete TITLE NAME LESTER, GARLAND NAME STREET ADDRESS STREET ADDRESS 152 TARRASA DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE TD ☐ Delete TITLE ☐: Change ~ ~ ☐ Addition NAME LESTER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 11118 WINDHAVEN DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete TITLE ☐ Change Addition NAME EASTON, DAVE NAME STREET ADDRESS STREET ADDRESS 4318 CHARTER POINT BLVD. CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl Delete TITLE ☐ Change ☐ Addition TITLE CARLSON, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 5426 SANTA MONICA BLVD S CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Sire: