

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737824

1. Entity Name

SOUTHSIDE BIBLE CHAPEL, INC.

Principal Place of Business

2701 DEAN RD  
JACKSONVILLE FL 32216-5138  
US

Mailing Address

2701 DEAN RD  
JACKSONVILLE FL 32216-5138  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2524292

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, GARLAND M  
152 TARRASA DRIVE  
JACKSONVILLE FL 32225

Name

LESTER, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

11118 WINDHAVEN DR.

City

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.

SIGNATURE

*Michael Lester*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

5-1-01

FILE NOW:  
FEE IS \$81.25

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

TITLE PD  
NAME POWERS, JERRY ☐ Delete  
STREET ADDRESS 3608 HOVER LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD  
NAME LESTER, GARLAND ☒ Delete  
STREET ADDRESS 152 TARRASA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  
NAME LESTER, MICHAEL ☐ Delete  
STREET ADDRESS 11118 WINDHAVEN DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD  
NAME EASTON, DAVE ☐ Delete  
STREET ADDRESS 4318 CHARTER POINT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 817, 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:

SIGNATURE REQUIRED

*Michael Lester*

6-1-01 904-744-816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 05, 2001 8:00 am  
Secretary of State

05-16-2001 90012 001 \*\*\*\*70.00

000006391



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)