

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739196

1. Entity Name

COLONIAL BAPTIST CHURCH, INCORPORATED

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 050 ****61.25

Principal Place of Business

2955 ORANGE PICKERS RD
JACKSONVILLE FL 32223
US

Mailing Address

2955 ORANGE PICKERS RD
JACKSONVILLE FL 32223

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

59-2496960

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

NIPPER, JAMES L
1818 THE WOODS DR.
JACKSONVILLE FL 32216

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME BURTRAM, JERRY
STREET ADDRESS 11870 REMSEN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE TD ☐ Delete
NAME FERGUSON, MIRIAM
STREET ADDRESS 2817 GLEN MANOR ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE D ☐ Delete
NAME CHAMBERS, RANDY
STREET ADDRESS 2781 ORANGE PICKER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☐ Delete
NAME TALOR, ED
STREET ADDRESS 1404 RIVERGATE DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE P ☐ Delete
NAME WARREN, LES
STREET ADDRESS 3169 LAUREL GROVE N
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☐ Delete
NAME SHAUER, DAVID
STREET ADDRESS 1336 SHERATON LAKES
CITY-ST-ZIP MIDDLEBURG FL 32068

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-15-00
Date

904-262-3553
Daytime Phone #

CR2E037 (5/00)