

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90150 035 ****61.25

DOCUMENT # 739196

1. Entity Name

COLONIAL BAPTIST CHURCH, INCORPORATED

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

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 **D** ☐ Change ☒ Addition
 NAME **HARRIS, PHILIP**
 STREET ADDRESS **2337 MATHORY HILLS ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32231**

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 **SHAVER, DAVID**
 STREET ADDRESS **1336 SHERATON LAKES**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☒ Change ☐ Addition
 NAME **SHAVER, DAVID**
 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

4/15/01
 Date

904-262-3552
 Daytime Phone #

CR2E037 (10/00)