

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

0001453

DOCUMENT # 739196

1. Entity Name  
COLONIAL BAPTIST CHURCH, INCORPORATED



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 NOV 14 PM 4:20

Principal Place of Business  
2955 ORANGE PICKERS RD  
JACKSONVILLE FL 32223  
US

Mailing Address  
2955 ORANGE PICKERS RD  
JACKSONVILLE FL 32223

REINSTATEMENT 03



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

☐ CHECK HERE IF MAKING CHANGES

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 MIRIAM FERGUSON

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

2817 GLEN MANOR ROAD

City JACKSONVILLE

FL

Zip Code 32207

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 Miriam Ferguson - MIRIAM FERGUSON - TREASURER 10/30/03  
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 10, 2003, min will be \$236.25

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

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 900023454043  
STREET ADDRESS 09/30/03--01090--008 \*\*\$61.25  
CITY-ST-ZIP 10/16/03 01045 004 \$175.00

TITLE D ☒ Delete  
NAME HOLLAND, PHILLIP  
STREET ADDRESS 2337 MALLORY HILLS ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32221

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 ☐ Delete  
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 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: MIRIAM FERGUSON SIGNATURE REQUIRED FERGUSON TRPES

504-398-2572

CR2E037 (4/03)