

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90162 021 ****70.00

DOCUMENT # 742468

1. Entity Name

Landmark Missionary Baptist Church, Inc.

Principal Place of Business

7040 US 1 NORTH
 St. Augustine, FL
 32095

Mailing Address

5837 Pine Creek Dr.
 St. Augustine, FL
 32092

2. Principal Place of Business

3. Mailing Address

1754 Fouraker Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

592948657

Applied For

Not Applicable

Zip

Country

Zip

32221

Country

US

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

SCOTT C. TIMMONS
 5848 Pine Creek Dr.
 St. Augustine, FL 32092

Name MARVIN W. JACKSON

Street Address (P.O. Box Number is Not Acceptable)
 1754 FOURAKER ROAD

City Jacksonville

FL

Zip Code 32221

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

Marvin W. Jackson

June 5, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 SCOTT C. TIMMONS ☒ Delete
 STREET ADDRESS 5848 Pine Creek Dr
 CITY-ST-ZIP St. Augustine, FL

TITLE VD
 NAME JANCIE HURLEY ☒ Delete
 STREET ADDRESS 410 KATNACK
 CITY-ST-ZIP St. Augustine, FL

TITLE SD
 NAME JAMES H. HURLEY ☒ Delete
 STREET ADDRESS 7709 Hillside Rd
 CITY-ST-ZIP Jacksonville, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 PD ☐ Change ☒ Addition
 NAME MARVIN W. JACKSON
 STREET ADDRESS 1754 Fouraker Rd
 CITY-ST-ZIP Jacksonville, FL 32221

TITLE VD ☐ Change ☒ Addition
 NAME ERNIE THOMPSON
 STREET ADDRESS 6531 Diamond Leaf Circle S
 CITY-ST-ZIP Jacksonville, FL 32244

TITLE SD ☐ Change ☐ Addition
 NAME CHARLES MICHAEL BARRON
 STREET ADDRESS 8335 Freedom Crossing Tr Apt. 2907
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Change ☒ Addition
 NAME D/Gene Briggs
 STREET ADDRESS 3960 Jean St.
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☐ Change ☒ Addition
 NAME D Thomas Webb
 STREET ADDRESS 1772 Village Ln
 CITY-ST-ZIP Jacksonville, FL 32221

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:

Marvin W. Jackson

June 5, 2001 904 781-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (11/00)