

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90193 004 *****70.00

DOCUMENT # 745067

1. Entity Name

SECOND MISSIONARY BAPTIST CHURCH OF JACKSONVILLE

Principal Place of Business

954 KINGS ROAD
 JACKSONVILLE FL 32204

Mailing Address

954 KINGS ROAD
 JACKSONVILLE FL 32204

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

59-1110679

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLEVELAND S RAYMOND
 2491 WEST 23RD ST
 JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAN, JOSEPH 6225 DELLA CT JACKSONVILLE FL 32209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNETT, ROGERS S 1355 GROTHE ST JACKSONVILLE FL 32209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EOD SMITH, ODELL REV. 3500 UNIVERSITY BLVD. N. #2712 JACKSONVILLE FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, FRANK N. 1645 W. 12TH STREET JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUE GEORGIA R 1844 W 30TH ST JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCRAY, JOHNNY 2908 RIBAUT CIRCLE JACKSONVILLE FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 9043548248

CR2E037 (10/00)