2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 745372** 1. Entity Name DEERMEADOWS BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 9780 BAYMEADOWS ROAD 9780 BAYMEADOWS ROAD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-7985

FILED Feb 22, 2000 8:00 am **Secretary of State**

02-22-2000 90017 039 ****61.25

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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE			
City & State	е	City & State		4. FEI Numbe	4. FEI Number Applied For Not Applied For Not Applied For				
Zip	Country	Zip	ry 	5. Certificate	of Status Desired	\$8.75 Add			
	6. Name and Address of Current R				7. Name and Address of New Registered Agent				
or Harrie and Address of Out to A Hogistariou Agent				Name					
ROWE AN	D ROWE, P.A.	Street		Street Ac	Address (P.O. Box Number is Not Acceptable)				
	MEADOWS ROAD, SUITE #203								
	/ILLE FL 32256						12.0.1		
		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.									
4. The above figured shifty southing this diatement for the perpose of changing its registered and on registered agent, or beauty in the state of the state.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	FILE NOW:	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be		eck Payable to		
	FEE IS \$61.25				Added to Fees	Departr	nent of State	1	
					A DELTICALE (CI	NOE0 TO OFFICER AN	UD DIDECTORS (A)	10	
10.	OFFICERS AND DIRE					ANGES TO OFFICERS AN			
LILTE	S DEMARKS	XX Delete	TITLE		S	0 . 1	KK Change	Addition	
NAME	IENAGE, DEMARIS					nam, Cathy			
STREET ADDRESS CITY-ST-ZIP	7901 BAYMEADOWS CIR E #359		CITY-ST	- 1	7601 Hollyr:			ĺ	
	JACKSONVILLE FL				Jacksonville	s, <u>FL 32256</u>	Change	☐ Addition	
TITLE	OTADD HAI	· XX Delete						☐ Addition	
NAME STREET ADDRESS	STARR, HAL 857 BROOKSTONE CT	, CT		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32257			- ZIP	per transfer of the control of the c		-		
	DD DD	Delete					☐ Change	Addition	
TITLE NAME	WATSON, TODD	□ Delete		ŧ			ondings]	
STREET ADDRESS	9092 ARUNDEL WAY	!		ADDRESS				İ	
CITY-ST-ZIP	JACKSONVILLE FL 32257-5079			-ZIP					
TITLE	PD	XX Delete	TITLE		PD	<u> </u>	XXChange	Addition	
NAME	REGISTER, JAMES F.	ALA Delete	NAME	i	Hatcher, Man	c			
STREET ADDRESS				ADDRESS		ield Blvd. N.			
CITY-ST-ZIP	JACKSONVILLE FL		CITY-S1	r-ZIP		Macksonville, FL 32225			
TITLE	DD	☐ Delete	TITLE				X XChange	Addition	
NAME	STROUD, JOSEPH		NAME					ļ	
STREET ADDRESS	13673 MANDARIN BLVD		STREET	ADDRESS	13673 Manda	in Road			
CITY-ST-ZIP	JACKSONVILLE FL 32223-1737		CITY-ST	r-ZIP					
TITLE	T	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	CAMPBELL, MICHAEL L		NAME]					
STREET ADDRESS	•		STREET	ADDRESS					
CITY-ST-ZIP			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 appears, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-00 Date

(904)642-2200

Daytime Phone #