2001 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # 754275 1. Entity Name FIRST BAPTIST CHURCH OF OAKLAND LOCAL DEVELOPMEN Principal Place of Business Mailing Address FBC LOCAL DEVELOPMENT. INC. FBC LOCAL DEVELOPMENT. INC. 1027 JESSIE STREET 1027 JESSIE STREET JACKSONVILLE FL 32206-5714 JACKSONVILLE FL 32206-5714

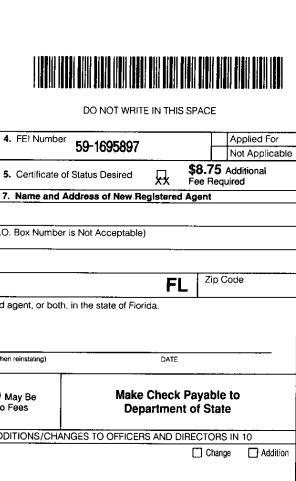
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

FILED Jan 26, 2001 8:00 am Secretary of State

01-26-2001 90099 003 ****70.00



					39 1093091	No	ot Applicable
Zip	Country	Žip	Country	5. Certificate of S		8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Ad	dress of New Registered A	gent	
DAILEY, CHARLES B REV			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	UTYBERRY CIR. WEST			·			
JACKSONVILLE FL 32246							
			City		FL	Zip Cod	е
9. The above pared entity submits this statement for the surround of sheering its							
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							
WAIT							
FILE NOW:		9. Election Campaign F	· · ·	\$5.00 May Be	Make Check P)
	FEE IS \$61.25	Trust Fund Contributi	on.	Added to Fees	Department	of State	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1							
	PD OFFICERS AND DIRE		11.	ADDITIONS/CHANG	SES TO OFFICERS AND DIR		
TITLE NAME	DAILEY, CHARLES	☐ Delete	TITLE			Change	☐ Addition
STREET ADDRESS	1027 JESSIE ST.		NAME				
CITY-ST-ZIP			STREET ADDRESS				
	JACKSONVILLE FL VD		CITY-ST-ZIP				
TITLE	• •	☐ Delete	TITLE			Change	☐ Addition
NAME	NORMAN, EARVIN		NAME				ł
STREET ADDRESS	2437 BARRY DR. SOUTH		STREET ADDRESS				1
CITY-ST_ZIP	JACKSONVILLE FL	<u> </u>	_CITY-ST-ZIP		ان اداد با منت عم محسیمیند ی	عبر ' م	
TITLE	SD	☐ Delete	TITLE			☐ Change	Addition
NAME	JOHSNON, JESSE		NAME				
STREET ADDRESS	6614 ECTOR PL		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP				1
TITLE	D	Delete	TITLE			☐ Change	☐ Addition
NAME	JONES, HERMAN		NAME				
STREET ADDRESS	2188 W. 30TH ST.		STREET ADDRESS		,		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP				1
TITLE	TD	☐ Delete	TITLE	· <u></u>		Change	☐ Addition
NAME	HOWELL, JAMES		NAME			enange	
STREET ADDRESS	3805 MARLO ST.		STREET ADDRESS		•		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP				j
TITLE	D	☐ Delete	TITLE	· · · · · · ·		Change	Addition
NAME	WARREN, CLEVE	□ Delete	NAME			□ change	☐ Addition
STREET ADDRESS	10543 ARROWHEAD CT		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP				
	artifu that the information available state the		3/(1 G) All				

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: Charles Bladatieve REC SIGNATURE and TYPED OR PRINTED NAME OF SIGNING