

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754275

1. Entity Name

FIRST BAPTIST CHURCH OF OAKLAND LOCAL DEVELOPMEN

Principal Place of Business

FBC LOCAL DEVELOPMENT, INC.
1027 JESSIE STREET
JACKSONVILLE FL 32206-5714

Mailing Address

FBC LOCAL DEVELOPMENT, INC.
1027 JESSIE STREET
JACKSONVILLE FL 32206-5714

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

59-1695897

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAILEY, CHARLES B REV
2572 BEAUTYBERRY CIR. WEST
JACKSONVILLE FL 32246

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 PD
NAME DAILEY, CHARLES
STREET ADDRESS 1027 JESSIE ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VD
NAME NORMAN, EARVIN
STREET ADDRESS 2437 BARRY DR. SOUTH
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD
NAME JOHNSON, JESSE
STREET ADDRESS 6614 ECTOR PL
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME JONES, HERMAN
STREET ADDRESS 2188 W. 30TH ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE TD
NAME HOWELL, JAMES
STREET ADDRESS 3805 MARLO ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME WARREN, CLEVE
STREET ADDRESS 10543 ARROWHEAD CT
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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: Charles B Dailey 1/12/01 904-354-5295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)