2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90709 047 ****61.25

0058299

DOCUMENT # 758217

1. Entity Name

BLACK CREEK BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O RICK LAWRENCE~~ c/o Greg Wrigley 384 LOGAN AVENUE ORANGE PARK FL 32065 US	~~C/O RICK LAWRENCE~~ c/o Greg Wrigley 384 LOGAN AVENUE ORANGE PARK FL 32065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Greg Wrigley	c/o Greg Wrigley
Suite, Apt. #, etc.: 384 Logan Avenue	Suite, Apt. #, etc.: 384 Logan Avenue
City & State: Orange Park FL	City & State: Orange Park FL
Zip: 32065 Country: US	Zip: 32065 Country: US

4. FEI Number: 59-1995366 ☐ Applied For ☐ Not Applicable

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
~~LAWRENCE, RICK~~ Wrigley, Greg 384 LOGAN AVENUE ORANGE PARK FL 32065	Name: Wrigley, Greg Street Address (P.O. Box Number is Not Acceptable): 384 Logan Avenue City: Orange Park FL Zip Code: 32065

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: Greg R. Wrigley GREG R. WRIGLEY 4-1-02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGLEY, GREG 1356 BLACKMON RD GREEN COVE SPRINGS FL 32043	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Young, Herb 2040 Wells Rd Apt 15A Orange Park FL 32073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, HERB 2040 WELLS RD APT 15A ORANGE PARK FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Strickland, Ken 739 Sandlewood Drive Orange Park FL 32065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARTER, LINDA 1711 CHAFFEE RD S JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

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: Linda Carter LINDA CARTER 4-1-02 904-272-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #