2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758217

. Entity Name

BLACK CREEK BAPTIST ASSOCIATION, INC.

ncipal Place of Business GREG WRIGLEY LOGAN AVENUE NIGE PARK FL 32065		Mailing Address C/O GREG WRIGLEY 384 LOGAN AVENUE ORANGE PARK FL 32065 US		- - - ! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		
Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-1995366	Applied For	
				Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	ree nequired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
	GREG IN AVENUE PARK FL 32065	ا محمد مدر ۱۱۱۰	Street Address	s (P.O. Box Number is Not Acceptal	ole)	
			City		FL Zip Code	
<u>.</u>	Signature, typed or printed name of registered agen	9. Election Ca	TE: Registered Agent signature requi	\$5.00 May Ba	Make Check Payable to rida Department of State	
€ .		Trust Fund	Contribution.			
	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFI		
ME	PD Young, Herb 2040 Wells RD APT 15A Orange Park FL 32073	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRICKLAND, KE 39 SANDLEWOO RANGE PARK F	DDR.	
LE ME REET ADDRESS IY-ST-ZIP	ST CARTER, LINDA 1711 CHAFFEE RD S JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
LE Më REET ADDRESS I SY-ST-ZIP	VD STRICKLAND, KEN 739 SANDLEWOOD DR. ORANGE PARK FL 32065	Delete	NAME STREET ADDRESS CITY-ST-ZIP	LOYD, ALAW 645 BLANDING MIDDLEBURG FL	□ Change □Addition □ BLVD. □ 32068	
TLE IME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TLE AME		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90244 038 ****61.25

CR2E037 (10/02)