

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90201 006 ****61.25

DOCUMENT # 770927

1. Entity Name

CHRIST COMMUNITY CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

**6004 TERRY RD
 CHRIST COMMUNITY CHURCH
 JACKSONVILLE FL 32216**

Mailing Address

**C/O HENRY WEBSTER PARKER
 6004 TERRY RD.
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

32216

Country

Duval

4. FEI Number

59-2535609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, HENRY WEBSTER
 2714 JEWELL ROAD
 JACKSONVILLE FL 32216**

Name

FLOWERS, THOMAS B.

Street Address (P.O. Box Number is Not Acceptable)

8124 EBERSOL RD

City

JACKSONVILLE

FL

Zip Code

32216

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

Thomas B. Flowers

DIRECTOR

CHAIRMAN OF ELDERS

4/16/02

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

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

**SD
 PENNY, HAROLD A
 3460 EAST HIDDEN LAKE DRIVE
 JACKSONVILLE FL**

TITLE
 NAME

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

**D
 PARKER, H.W.
 2714 JEWELL ROAD
 JACKSONVILLE FL**

TITLE
 NAME

☒ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

**PD
 FLOWERS, TOM
 8124 EBERSON RD
 JACKSONVILLE FL 32216**

TITLE
 NAME

☐ Change ☒ Addition

STREET ADDRESS
 CITY-ST-ZIP

**T
 Marylena Bennett
 2127 Antilles Ct,
 Jacksonville, FL 32216**

TITLE
 NAME

☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

☐ Change ☐ Addition

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:

THOMAS B. FLOWERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

904 734 724

Date

Daytime Phone #

CR2E037 (9/01)