

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90098 024 ****70.00

DOCUMENT # **N00000000891**

1. Entity Name
NORTH 14TH STREET BAPTIST CHURCH, INC.



Principal Place of Business
**519 N 14TH ST
FERNANDINA BEACH FL 32034**

Mailing Address
**519 N 14TH ST
FERNANDINA BEACH FL 32034**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1813127**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WHITE, DANNY
1139 N 15TH ST
FERNANDINA BEACH FL 32034**

Name **Bruce Beville**

Street Address (P.O. Box Number is Not Acceptable)
24060 Flora Parke Blvd

City **Fernandina Bch** **FL** Zip Code **32034**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BRUCE A. BEVILLE**

Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

3/9/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PAST JONES, BUDDY BRO	<input type="checkbox"/> Delete
STREET ADDRESS	RT 4 BOX 7786	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE NAME	COD WHITE, DANNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1139 N 15TH ST	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE NAME	COS Chairman of Stewardship BEVILLE, BRUCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1704 BROOME ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE NAME	CC KEMP, ROY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1115 S 14TH ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE NAME	T WHITE, NANCY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1139 N 15TH ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE NAME	SSD MANNING, JANE	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 329	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Chairman of Deacons Bruce Beville	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	24060 Flora Parke Blvd	
CITY-ST-ZIP	FERN. Bch. FL 32034	
TITLE NAME	Mark Carlton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4235 Otter Ct	
CITY-ST-ZIP	Fern Bch FL 32034	
TITLE NAME	Church Clerk Melawie Beckham	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	304 Benjamin	
CITY-ST-ZIP	FERN. BCH FL 32034	
TITLE NAME	Treasurer JENNY L McClain	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	815 Adams Rd	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

2. 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: **JENNY L McCLAIN** **1/27/03** **904-261-5647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)