

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90408 045 ****61.25

DOCUMENT # *N00000001467*

1. Entity Name

First Thessalonians Baptist Church INC.

Principal Place of Business

*10732 Biscayne Blvd.
 Jacksonville, FL 32244*

Mailing Address

(same)

2. Principal Place of Business

10732 Biscayne Blvd.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL.

City & State

4. FEI Number

59-3620827

Applied For

Not Applicable

Zip

32244

Country

DOVE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Rev. Paul Reynolds

7. Name and Address of New Registered Agent

Name *Paul Reynolds*

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

7442 Empalm Lane

City *Jacksonville*

FL

Zip Code *32244*

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 *Paul Reynolds*

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 *Paul Reynolds, Pastor* ☐ Delete *Director*
 NAME *7442 Empalm Lane*
 STREET ADDRESS *Jacksonville, FL 32244*
 CITY-ST-ZIP

TITLE *Clerk / Director* ☐ Delete
 NAME *Cassandra Austin*
 STREET ADDRESS *1731 W. 15th St.*
 CITY-ST-ZIP *Jacksonville, FL 32209*

TITLE *Treasurer / Director* ☐ Delete
 NAME *Robert Albert Harris*
 STREET ADDRESS *13939 Secretariat Dr.*
 CITY-ST-ZIP *Jacksonville, FL 32218*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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: *Paul Reynolds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (904) 771-2913

Date

Daytime Phone #

CR2E037 (11/00)