

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005727

1. Entity Name

GLORYLAND BAPTIST CHURCH, INC.

Principal Place of Business

1451 EASTPORT RD.
JACKSONVILLE FL 32218

Mailing Address

1451 EASTPORT RD.
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3665232

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GECKLE, BOBBY
1451 EASTPORT RD.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

JOSEPH W. Boone

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

37209 Cody Cir. APT. K-8

City

Hilliard

FL

Zip Code

32046

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

Joseph W. Boone

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GECKLE, BOBBY	
STREET ADDRESS	2287 LONGREENE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLLAR, KEITH	
STREET ADDRESS	12950 GROVER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLAIN, RAY	
STREET ADDRESS	15570 BREAM RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARGNOVE, RONALD	
STREET ADDRESS	5664 DOOLITTLE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH W. Boone	
STREET ADDRESS	37209 Cody Cir. APT. K-8	
CITY-ST-ZIP	Hilliard FL 32046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

JOSEPH W. BOONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02

614-7177
904-845467



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)