

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90348 001 ****61.25

DOCUMENT # N00000007883

1. Entity Name

FLORIDA INNOVATIVE NETWORK OF CHURCHES, INC.

Principal Place of Business

Mailing Address

925 BAYSIDE BLUFF RD.
 JACKSONVILLE FL 32259

925 BAYSIDE BLUFF RD.
 JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

1230 Hendricks Avenue

1230 Hendricks Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-3685888

Applied For

Not Applicable

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

TANTON, DANNY
 925 BAYSIDE BLUFF RD.
 JACKSONVILLE FL 32259

Name

Bob Bumgarner

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

1230 Hendricks Avenue

City

Jacksonville

FL

Zip Code

32207

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

Bob Bumgarner

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

(NOTE: Registered Agent signature required when stating)

DATE

4/26/02

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 PD ☐ Delete
 NAME SOUTHERLAND, DAN
 STREET ADDRESS 12401 STIRLING RD.
 CITY-ST-ZIP FT. LAUDERDALE FL 33328

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME SHEPPARD, LEE
 STREET ADDRESS 11516 BEACON DR.
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME BUMGARNER, BOB
 STREET ADDRESS 1230 HENDRICKS AVE.
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD ☐ Change ☒ Addition
 NAME Bennett, Gregg
 STREET ADDRESS 1050 Hwy A1A
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
 NAME Kellum, Cecilia
 STREET ADDRESS 1230 Hendricks Avenue
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Cecilia Kellum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

904-396-2351

Daytime Phone #

CR2E037 (9/01)