

NOT-FOR-PROFIT CORPORATION AMENDED UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00553

1. Entity Name ST. JAMES EVANGELICAL LUTHERAN CHURCH
OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8560 LEM TURNER ROAD

3. Mailing Address
8560 LEM TURNER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-2115076

Applied For
Not Applicable

Zip
32208

Country

Zip
32208

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BEN P. WILSON

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

5888 DUNN AVE

City JACKSONVILLE

FL

Zip Code
32218

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 P
NAME RICHARD A. CRAWLEY
STREET ADDRESS 4836 RATLIFF ROAD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000005979220--0
-06/25/02--01063--014
*****61.25 *****61.25

TITLE V
NAME PATTI SPELLMAN
STREET ADDRESS 1250 GUM LEAF ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME DALE McLARTY
STREET ADDRESS 4555 ROMONA BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE S
NAME AMY HOLLIMAN
STREET ADDRESS 10341 DePAUL DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Richard A. Crawley PRESIDENT

4-28-02

904-764-1444

CR2E037B (12/01)