

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90299 024 ****70.00

DOCUMENT # N01000004916

1. Entity Name

THE FOUNDATION FREE WILL BAPTIST CONFERENCE INC.



Principal Place of Business

**7219 JOHN ST.
JACKSONVILLE FL 32210**

Mailing Address

**7219 JOHN ST.
JACKSONVILLE FL 32210**

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 **59-3736174**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, WILLIAM H
7219 JOHN ST.
JACKSONVILLE FL 32210**

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, WILLIAM H	
STREET ADDRESS	7219 JOHN ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, HENDERSON	
STREET ADDRESS	PO BOX 203	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKIRE, JOSEPH	
STREET ADDRESS	PO BOX 229	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEFFERSON, FRED	
STREET ADDRESS	10266 SE 160TH PLACE	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCUTCHEN, L.C.	
STREET ADDRESS	1430 N GROVE STREET	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
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
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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: *William H. Tucker* **4/14/03** **904-771-3677**

CR2E037 (10/02)