

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

000326

DOCUMENT # N02000005442

1. Entity Name

THE CHURCH AT WESTLAND, INC.



FILED

03 APR 24 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1176 LABELLE STREET  
JACKSONVILLE FL 32205

Mailing Address

1176 LABELLE STREET  
JACKSONVILLE FL 32205

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

59-1566706

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

BARE, RON

1176 LABELLE STREET  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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.

800016212778  
04/17/03--01052--022 \*\*96.25

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baldwin, Rick
STREET ADDRESS	10719 Fall Creek Drive
CITY-ST-ZIP	Jacksonville FL 32222
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barrs, Wally Jr.
STREET ADDRESS	1757 Waterbury Ln.
CITY-ST-ZIP	Orange Park FL 32073
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clements, Paul
STREET ADDRESS	3823 Timuquana Rd
CITY-ST-ZIP	Jacksonville FL 32210
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, Gene
STREET ADDRESS	7750 River Ave
CITY-ST-ZIP	Green Cove Springs FL 32043
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belger, Jimmy
STREET ADDRESS	2424 Stony Glen Dr.
CITY-ST-ZIP	Orange Park FL 32003
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, David, Jr.
STREET ADDRESS	10700 Jones Rd.
CITY-ST-ZIP	Jacksonville FL 32221

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: RONALD KUBER REQUIRED *[Signature]* 3/16/03 24-786-8877

CR2E037 (10/02)