

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90198 037 \*\*\*\*70.00

**DOCUMENT # N02000005957**

1. Entity Name  
**NORTH FLORIDA CHRISTIAN BASS CLUB, INC.**



Principal Place of Business

**7776 MORSE AVE  
JACKSONVILLE FL 32244**

Mailing Address

**7776 MORSE AVE  
JACKSONVILLE FL 32244**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

FEI Number

**57-1136243**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WOODY, DAVID P  
7525 SHARBETH DR S  
JACKSONVILLE FL 32210**

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.

SIGNATURE

*David P. Woody*

*David P. Woody*

**4-25-03**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ENTER, DERIC</b>	
STREET ADDRESS	<b>2461 QUAIL AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALBRITTON, SPIKE</b>	
STREET ADDRESS	<b>11129 BROWNELL AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CROSSWAY, EUGENE</b>	
STREET ADDRESS	<b>3949 CHURCH RD</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOOVER, JASON</b>	
STREET ADDRESS	<b>415 JONES RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>MICKEL, JIM</b>	
STREET ADDRESS	<b>1930 JOANN RD</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE	<b>CM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEVEVO, BUDDY</b>	
STREET ADDRESS	<b>2442 LEONID RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVEVO, BUDDY</b>	
STREET ADDRESS	<b>2442 LEONID RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32218</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARL REICHARD</b>	
STREET ADDRESS	<b>10223 SWARTHMORE DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32218</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN CRAIG</b>	
STREET ADDRESS	<b>8550 LORI ANN CT.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32220</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIENN BEKINTON</b>	
STREET ADDRESS	<b>5460 CONNIE JEAN RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32222</b>	

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:

*David P. Woody*

**4-25-03**

**(904) 779-2365**

CR2E037 (10/02)