

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

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90020 004 \*\*\*\*61.25

**DOCUMENT # N02000008107**

1. Entity Name

**NOCATEE COMMUNITY CHURCH, INC.**



Principal Place of Business

**9838 OLD BAYMEADOWS ROAD PMB 350  
JACKSONVILLE FL 32256**

Mailing Address

**9838 OLD BAYMEADOWS ROAD PMB 350  
JACKSONVILLE FL 32256**

2. Principal Place of Business

**10550 Ray Road**

3. Mailing Address

**9838 Old Baymeadows Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 350**

City & State

**St. Augustine, FL.**

City & State

**Jacksonville, FL.**

Zip

**32095**

Country

**ST. Johns**

Zip

**32256**

Country

**Duca**

4. FEI Number

**47-0893340**

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

**TRIGG, CASEY  
9291 STARPASS DR  
JACKSONVILLE FL 32256**

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

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.**  
NAME **TRIGG, CASEY** ☐ Delete  
STREET ADDRESS **9291 STARPASS DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D**  
NAME **LOVEGROVE, ROB** ☒ Delete  
STREET ADDRESS **9019 DEERCRESS CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D**  
NAME **LITTLE, DAN** ☒ Delete  
STREET ADDRESS **9397 TRAYMORE GLEN CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D**  
NAME **KING, BRIAN** ☒ Delete  
STREET ADDRESS **11735 MAGNOLIAS FALLS DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
NAME **Nadin Gramling** ☐ Change ☒ Addition  
STREET ADDRESS **2139 Lavaca Rd.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32217**

TITLE **D**  
NAME **Mike Strickland** ☐ Change ☒ Addition  
STREET ADDRESS **301 Twin Leaf Ct.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32259**

TITLE **DVP**  
NAME **Johanny Frambo** ☐ Change ☒ Addition  
STREET ADDRESS **403 Scarlet Bayler Lane North**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32225**

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED Casey Trigg**

**2-16/03 904-448-4402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)