

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

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

01-23-2003 90096 043 ****61.25

DOCUMENT # N02566

1. Entity Name
EAGLE'S VIEW BAPTIST CHURCH, INC.



Principal Place of Business

**7800 RAMONA BLVD.
JACKSONVILLE FL 32221
US**

Mailing Address

**7800 RAMONA BLVD.
JACKSONVILLE FL 32221
US**

2. Principal Place of Business

7800 Ramona Blvd W

Suite, Apt. #, etc.
Jacksonville

City & State
Florida

Zip
32221

Country
USA

3. Mailing Address

P.O. Box 6832

Suite, Apt. #, etc.
Jacksonville

City & State
Florida

Zip
32236-6832

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2347706**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POSTON, LORI L. Poston, Lori L.
7800 RAMONA BLVD
JACKSONVILLE FL 32221**

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	VD	☐ Delete
NAME	JEFFORDS, RON	
STREET ADDRESS	10,727-1 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	REEVE, JOHN	
STREET ADDRESS	10,124 PLANK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	☐ Delete
NAME	ROARK, RICHARD	
STREET ADDRESS	7657 JIMMY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	Trustee	☐ Delete
NAME	Richard Crews	
STREET ADDRESS	9700 Villiers Dr. North	
CITY-ST-ZIP	Jacksonville, FL 32221	
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	☐ 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	
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**

1-13-03 693.3535

CR2E037 (10/02)