

ND 300000 6551

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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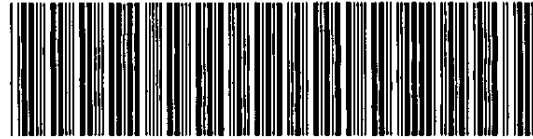
(Business Entity Name)

(Document Number)

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S. TALLENT

OCT 23 2017

FILED  
OCT 23 PM 6:21  
10/23/17

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2017

DOUGLAS J. GREGORY  
FIRST JACKSONVILLE FOUNDATION, INC.  
124 W ASHLEY STREET  
JACKSONVILLE, FL 32202

SUBJECT: FIRST JACKSONVILLE FOUNDATION, INC.  
Ref. Number: N03000006551

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

JOHN BLOUNT IS NOT LISTED AS AN OFFICER ON THIS CORPORATION.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 317A00020544

RECEIVED  
17 OCT 23 PM 3:51  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** First Jacksonville Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N03000006551

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas J. Gregory

Name of Contact Person

First Baptist Church of Jacksonville, FL

Firm/Company

124 W Ashley Street

Address

Jacksonville, FL 32202

City/State and Zip Code

dougg@fbcjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Gregory

Name of Contact Person

at ( 904 ) 3661221

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Jacksonville Foundation, Inc.

2. The principal office address: 124 W Ashley Street, Jacksonville, FL 32202

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/31/2003 Document number: N03000006551

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jarrett McConnell - resigned

98 Glenalby Place

Ponte Vedra, FL 32081

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Judson Leverette

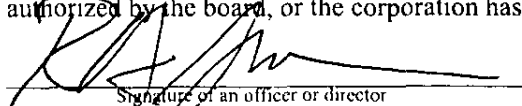
124 West Ashley Street

P.O. Box NOT acceptable

Jacksonville, FL 32202

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Ryan Jones, Director  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/18/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*