

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90029 009 \*\*\*\*61.25

**DOCUMENT # N04616**

1. Entity Name

**BAYMEADOWS COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

4900 BAYMEADOWS ROAD  
 JACKSONVILLE FL 32217  
 US

4900 BAYMEADOWS ROAD  
 JACKSONVILLE FL 32217-4708  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1719410**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, DAN**  
**4900 BAYMEADOWS ROAD**  
**JACKSONVILLE FL 32217**

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D SCHMIDT, JAY**  
 STREET ADDRESS **3539 BARBIZON CT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MERRITT, THELMA**  
 STREET ADDRESS **9061 MOORGATE CT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S VOSTEEN, JIM**  
 STREET ADDRESS **3396 PICKWICK DRIVE SOUTH**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T HYDE, SUSAN D.**  
 STREET ADDRESS **11665 STARFISH AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P SCOTT, DAN**  
 STREET ADDRESS **39 BELMONT BLVD**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Kenneth A Oisen, SR**  
 STREET ADDRESS **3029 Bridgeview Drive**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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: \_\_\_\_\_

*SUSAN D HYDE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SUSAN D Hyde* *6/5/00* *904 737-8133*

CR2E037 (9/99)