

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91325 026 *****61.25

DOCUMENT # N04616

1. Entity Name

BAYMEADOWS COMMUNITY CHURCH, INC.

Principal Place of Business

**4900 BAYMEADOWS ROAD
JACKSONVILLE FL 32217
US**

Mailing Address

**4900 BAYMEADOWS ROAD
JACKSONVILLE FL 32217
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1719410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, JAY	
STREET ADDRESS	3539 BARBIZON CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, THELMA	
STREET ADDRESS	9061 MOORGATE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOSTEEN, JIM	
STREET ADDRESS	3396 PICKWICK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HYDE, SUSAN D.	
STREET ADDRESS	11665 STARFISH AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, DAN	
STREET ADDRESS	39 BELMONT BLVD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	C	<input type="checkbox"/> Delete
NAME	OLSEN, KENNETH A JR	
STREET ADDRESS	3029 BEIDGEVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, KENNETH A. SR
STREET ADDRESS	3029 BRIDGEVIEW DR
CITY-ST-ZIP	JACKSONVILLE FL 32216

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

SUSAN D Hyde

2/24/01

904 641-3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)