FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N08335 1. Entity Name FIRST BAPTIST CHURCH OF ARGYLE, INC. 04-30-2001 90326 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 6823 ARGYLE FOREST BLVD. 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 304101 2. Principal Place of Business 3. Mailing Address sane same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2452062 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) GAY, DENNIS 8573 ECHORIDGE CT JACKSONVILLE FL 32244 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. Dennis Gay - To Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change X X X Addition PΤ TITLE XX Delete TITLE COLLIER, WADE NAME NAME Phil Massicotte STREET ADDRESS 6318 IAN CHAD DR. STREET ADDRESS 6332 Mistwood Cr. N. CITY-ST-7IP Jax. 32244 CITY-ST-ZIP JACKSONVILLE FL 32244 Change X X Addition TITLE XX Delete TITLE BENNETT, KEITH NAME NAMÉ John Headows 3206 CHIMNEY DR. STREET ADDRESS STREET ADDRESS 7603 Cinnamon Ct. Jax 32244 CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Addition ☐ Change TITLE TITLE Delete \_ GAY, DENNIS NAME NAME 8573 ECHORIDGE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change x x Addition X XX Delete TITLE TITI F ST MCGUFFEY, SCOTT NAME NAME Hal Hunter 8431 EVEREST DR. STREET ADDRESS STREET ADDRESS 934 Shortridge Ct. Orange park, FL 32065 CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATIFICASULEURED AND THE PRINTED WHILE PRINTED OFFICER OF DIRECTOR

4/24/01 (904) 390-465