

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10434

1. Entity Name

BIBLE BAPTIST CHURCH OF MANDARIN, FLORIDA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90396 034 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4211 JULINGTON CREEK RD JACKSONVILLE FL 32223 US	Mailing Address 4211 JULINGTON CREEK RD JACKSONVILLE FL 32223-2019 US
---	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number 59-2566988	Applied For ☐ Not Applicable
-----------------------------	--

Zip 32223-2001	Country	Zip 32223-2001	Country
-------------------	---------	-------------------	---------

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIETRYLO, ANDREW J. 11237 STONEY POINT LANE, EAST JACKSONVILLE FL 32257
--

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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIETRYLO, ANDREW J. 11237 STONEY PT LN E JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, DENWOOD F 1401 STARLIGHT CT FRUIT COVE FL 32259 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUNNING, JACKIE L 2156 FOREST HOLLOW WAY FRUIT COVE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUM, RICHARD 2704 CHELSEA COVE CIR JACKSONVILLE FL 32223 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID A. 3917 ENGLISH COLONY DR N. JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Comer ☐ Change ☒ Addition 25 State Road B # D3 Fruit Cove, FL 32257

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #

CR2E037 (9/99)