

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12130

1. Entity Name

GARDEN CITY BAPTIST CHURCH, INC.

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90012 019 ****70.00

0000266

Principal Place of Business

Mailing Address

2763 DUNN AVENUE
JACKSONVILLE FL 32218-1695

2763 DUNN AVENUE
JACKSONVILLE FL 32218-1695

2. Principal Place of Business

3139 Armsdale Rd

3. Mailing Address

P.O. Box 26400

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

Zip

32218

Country

Duval

City & State

Jacksonville FL

Zip

32225-6400

Country

Duval

4. FEI Number

59-2244746

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

HARPER, SHERRY L
11337 PINE ESTATES DR
JACKSONVILLE FL 32218

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

Sherry L Harper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-02

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 ☐ Delete

NAME PD
JEWELL, WALLACE
STREET ADDRESS 16173 BLYLER RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete

NAME T
GOFF, LINDA
STREET ADDRESS RT 3 BOX 848
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Delete

NAME D
BRATCHER, CHARLES
STREET ADDRESS 5883 COPPER CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete

NAME FS
HARPER, SHERRY L
STREET ADDRESS 2737 DUNN AVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Sherry L Harper

1-7-02-

904-768-9447

CR2E037 (9/01)