

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18212

1. Entity Name

~~FIRST BAPTIST CHURCH OF SWITZERLAND, INC.~~

LIGHTHOUSE BAPTIST CHURCH OF SWITZERLAND, INC.

Principal Place of Business

1295 ROBERTS RD  
JACKSONVILLE FL 32259

Mailing Address

1295 ROBERTS RD  
JACKSONVILLE FL 32259

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

59-2874662

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

GARDNER, JOHN A TREAS  
FBC/SWITZERLAND  
1760 GRASSINGTON WAY, SOUTH  
JACKSONVILLE FL 32223-6007

Name

MARK K. AGAN

Street Address (P.O. Box Number is Not Acceptable)

11247 SAN JOSE BLVD.

APT. # 1709

City

JACKSONVILLE

FL

Zip Code

32223

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

MARK K. AGAN, PASTOR (PRESIDENT) MARK K. AGAN 1-8-2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	MERROW, ROYCE	
STREET ADDRESS	1380 ROBERTS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32259-2858	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUSTER, CLARENCE	
STREET ADDRESS	433 FRUIT COVE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32259-2858	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, JOHN A.	
STREET ADDRESS	1760 GRASSINGTON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK K. AGAN	
STREET ADDRESS	11247 SAN JOSE BLVD. #1709	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN CRAVEN	
STREET ADDRESS	156 N. LAKE CUNNINGHAM	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2001 (904) 260-9937

Date

Daytime Phone #

0013755

CR2E037 (10/00)

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90012 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE