

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90028 007 ****61.25

DOCUMENT # N21079

1. Entity Name

SILVER GLYN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

115 ARLINGTON ROAD NORTH
 JACKSONVILLE FL 32211

115 ARLINGTON ROAD NORTH
 JACKSONVILLE FL 32211-7869

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

59-1091468

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

MAHON, HARRY B.
350 EAST ADAMS STREET
JACKSONVILLE FL 32202

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 **PD** Delete
 NAME **BROWN, KEVIN**
 STREET ADDRESS **7029 BERRY AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** Change Addition
 NAME **Norman Willis**
 STREET ADDRESS **1715 Holly Oak Lake Rd. W.**
 CITY-ST-ZIP **Jax. Fl.**

TITLE **VD** Delete
 NAME **WILLIS, NORMAN**
 STREET ADDRESS **1715 HOLLY OAK LAKE RD, N**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** Change Addition
 NAME **Earl Graham**
 STREET ADDRESS **8307 Eaton Ave.**
 CITY-ST-ZIP **Jax. Fl.**

TITLE **TD** Delete
 NAME **DIHEL, TRACEY**
 STREET ADDRESS **7149 WENDY CIR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FEIST, HEATHER**
 STREET ADDRESS **933 MILLARD CT. E**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Tracey A. Dihel 3-16-00 (904) 225-6111



DO NOT WRITE IN THIS SPACE