

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27188

1. Entity Name

BEREAN BAPTIST CHURCH OF ORANGE PARK, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90018 046 ****61.25

Principal Place of Business

Mailing Address

4459 HIGHWAY 17 SOUTH
ORANGE PARK FL 32073

4459 HIGHWAY 17 SOUTH
ORANGE PARK FL 32073

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

59-1588812

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

FULLER, BARRY J.
2301 PARK AVE
STE 404
ORANGE PARK FL 32073

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 NEAL, THOMAS
STREET ADDRESS 6678 RIVER PT RD
CITY-ST-ZIP GREEN COVE SPGS FL

TITLE PD ☒ Change ☐ Addition
NAME Neal, Thomas
STREET ADDRESS 1561 Royal Fern
CITY-ST-ZIP Orange Park, FL 32073

TITLE D ☐ Delete
NAME TEDDER, GEORGE
STREET ADDRESS 2387 DUNDEE CT. EAST
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HAMILTON, BOB
STREET ADDRESS 1653 RIVER BREEZE DRIVE
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WILES, JAMES
STREET ADDRESS 2927 MAGNOLIA DR S
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Change ☒ Addition
NAME Sam Powell
STREET ADDRESS 1369 Rivera Dr
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE D ☐ Delete
NAME FOX HOWARD
STREET ADDRESS 5659 STARLIGHT LA
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Change ☒ Addition
NAME Young, Bob
STREET ADDRESS 5507 Candibrook Ln
CITY-ST-ZIP Orange Park, FL 32073

TITLE D ☒ Delete
NAME CHET, ROBERT
STREET ADDRESS 825 MAPLEWOOD
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Change ☒ Addition
NAME Bill Cochran
STREET ADDRESS 667 Perdido Dr
CITY-ST-ZIP Orange Park, FL 32073

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

2/2/2000

(904)264-5333

Date

Daytime Phone #

CR2E037 (9/99)