

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30979

1. Entity Name

ST. ANDREW MISSIONARY BAPTIST CHURCH, INC. R

Principal Place of Business

2600 W 45TH ST
JACKSONVILLE FL 32209

Mailing Address

2600 W 45TH ST
JACKSONVILLE FL 32209

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

59-2469480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIVINS, BURNEY
1543 KINGSLEY AVE
SUITE 18-B
ORANGE PARK FL 32073

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
After September 13, 2000 min. will be \$236.25

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 P
STREET ADDRESS COLEMAN, A.B.
CITY-ST-ZIP 2600 W 45TH ST
JACKSONVILLE FL 32209

TITLE Delete
NAME S/D
STREET ADDRESS MCNEIL, IDA M.
CITY-ST-ZIP 9050 NORFOLK BLVD.-N-211
JACKSONVILLE FL 32208

TITLE Delete
NAME D
STREET ADDRESS FUCE, LESLIE B.
CITY-ST-ZIP 3535 DIVISION STREET
JACKSONVILLE FL 32209

TITLE Delete
NAME D
STREET ADDRESS BRYANT, RALPH C.
CITY-ST-ZIP 9218 DEVONSHIRE BLVD.
JACKSONVILLE FL 32208

TITLE Delete
NAME D
STREET ADDRESS CAMPBELL, CHRISTINA L.
CITY-ST-ZIP 5918 LUSAID DRIVE
JACKSONVILLE FL 32209

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 S/D
STREET ADDRESS ANORENA C. Nickerson
CITY-ST-ZIP 3184 WOODLAWN RD
JACKSONVILLE, FL 32209

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. B. COLEMAN

REQUIRED

7/7/00

Date

904 764 5882

Daytime Phone #

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90019 045 ****61.25



DO NOT WRITE IN THIS SPACE

CF 1007 (10/00)