

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90020 023 \*\*\*\*61.25

0011573

**DOCUMENT # N30979**

1. Entity Name

**ST. ANDREW MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

2600 W 45TH ST  
 JACKSONVILLE FL 32209

2600 W 45TH ST  
 JACKSONVILLE FL 32209

**974128**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2469480**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BIVINS, BURNEY**  
**1543 KINGSLEY AVE**  
**SUITE 18-B**  
**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

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P**  
**COLEMAN, A.B.**  
**2600 W 45TH ST**  
**JACKSONVILLE FL 32209**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S/D**  
**NICKERSON, ANORENA C**  
**3186 WOODLAWN RD**  
**JACKSONVILLE FL 32209**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**FUCE, LESLIE B.**  
**3535 DIVISION STREET**  
**JACKSONVILLE FL 32209**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**BRYANT, RALPH C.**  
**9218 DEVONSHIRE BLVD.**  
**JACKSONVILLE FL 32208**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**CAMPBELL, CHRISTINA L**  
**5918 LUSAID DRIVE**  
**JACKSONVILLE FL 32209**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S/D**  
**NICKERSON, ANDRENA C.**  
**3146 WOODLAWN RD**  
**JACKSONVILLE FL 32209**

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *X B Coleman* **COLEMAN** 4/28/01 904 768 0507

CR2E037 (10/00)