

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34361

1. Entity Name

THE CHURCH AT JACKSONVILLE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90074 011 ****61.25

Principal Place of Business

1216 LASALLE ST.
JACKSONVILLE FL 32207
US

Mailing Address

1216 LASALLE ST.
JACKSONVILLE FL 32239-0747
US

2. Principal Place of Business

8627 ANDALOMA ST.

3. Mailing Address

P.O. Box 8747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

DUVAL

Zip

32239-8747

Country

DUVAL

4. FEI Number

59-2915889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, BRUCE
1216 LASALLE ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name BRUCE LEE

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

8627 ANDALOMA ST

City JACKSONVILLE

FL

Zip Code 32211

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, BRUCE D.	
STREET ADDRESS	1216 LA SALLE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MSWLARTER, JOHN	
STREET ADDRESS	3540 CESERY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAUCE, KAREN	
STREET ADDRESS	3041 MORRIS DR E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAWN L. WASHER	
STREET ADDRESS	5531 GROVE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCWLARTER, JULIE	
STREET ADDRESS	3540 CESERY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOCHAM, MIKE	
STREET ADDRESS	8362 AGYLE CORNERS CT	
CITY-ST-ZIP	ORANGE PK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE D. LEE	
STREET ADDRESS	8627 ANDALOMA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS L. MALLARD	
STREET ADDRESS	2715 PARISH CEMETERY RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. WRIGHT	
STREET ADDRESS	2419 PATSY ANNE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. WRIGHT	
STREET ADDRESS	2419 PATSY ANNE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)