

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90108 021 \*\*\*\*61.25

**DOCUMENT # N35769**

1. Entity Name

**ROLLING HILLS MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

% RONALD BEASLEY  
 840 PERMENTO AVE  
 JACKSONVILLE FL 32221

Mailing Address

% RONALD BEASLEY  
 840 PERMENTO AVE  
 JACKSONVILLE FL 32221

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

**59-2341366**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BEASLEY, RONALD**  
**840 PERMENTO AVE**  
**JACKSONVILLE FL 32221**

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**

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 ☐ Delete  
 NAME BEASLEY, RONALD  
 STREET ADDRESS 8141 JOFFRE DR  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
 NAME MARTINEZ, JOHN  
 STREET ADDRESS 5971 OAKLINE DR  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Delete  
 NAME REX, WILBUR  
 STREET ADDRESS 3624 GREEN ST  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DST ☐ Delete  
 NAME JOHNSON, ROBERT  
 STREET ADDRESS 6529 NORED DR S  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
 NAME WILLIAMSON, RICHARD  
 STREET ADDRESS 1082 GRANGER DR  
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE D ☐ Delete  
 NAME KEENE, KENNETH  
 STREET ADDRESS 2216 JONES RD.  
 CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Keene, Joseph**  
 STREET ADDRESS **2250 JONES Rd**  
 CITY-ST-ZIP **JACKSONVILLE FL. 31220**

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:

*Ronald Beasley* **RONALD BEASLEY** 4-3-01

904 783 0514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)