

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90027 043 ****61.25

DOCUMENT # N35769

1. Entity Name

ROLLING HILLS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

% RONALD BEASLEY
 840 PERMENTO AVE
 JACKSONVILLE FL 32221

% 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

4. FEI Number

59-2341366

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

BEASLEY, RONALD
840 PERMENTO AVE
JACKSONVILLE FL 32221

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

Ronald Beasley
 Signature, typed or printed name of registered agent and title if applicable.
 RONALD BEASLEY

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

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

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

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

TITLE D
 NAME KEENE, JOSEPH
 STREET ADDRESS 2250 JONES ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

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

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

TITLE D
 NAME Léon Harper
 STREET ADDRESS 6059 Cedar Point Rd.
 CITY-ST-ZIP Jacksonville, FL 32226 ☐ Change ☒ Addition

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

TITLE D
 NAME Johnny Moore
 STREET ADDRESS 3228 Dellwood Ave.
 CITY-ST-ZIP Jacksonville, FL 32205 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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)(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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-02

904 783-0524

CR2E037 (9/01)