

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36290

1. Entity Name

AVONDALE BAPTIST CHURCH CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90112 044 ****70.00

Principal Place of Business

Mailing Address

AVONDALE BAPTIST CHURCH
3519 HERSCHEL ST
JACKSONVILLE FL 32205
US

3519 HERSCHEL ST.
JACKSONVILLE FL 32205-8413
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0873829N (Correct)

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

BROCK, FREDERICK R.
1824 DONALD STREET
JACKSONVILLE FL 32205

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	KASELL, RICHARD	
STREET ADDRESS	1328 EDGEWOOD AVE., SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TD	☐ Delete
NAME	GANEY, HARRY D.	
STREET ADDRESS	4979 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	☐ Delete
NAME	STEWART, LELAND	
STREET ADDRESS	3320 LAKESHORE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	☐ Delete
NAME	MATTOX, HUGH	
STREET ADDRESS	4281 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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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: *HARRY D. GANEY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

904-388-4504

Daytime Phone #

CR2E037 (9/99)