FILED

Jan 18, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36290

Secretary of State 1. Entity Name AVONDALE BAPTIST CHURCH CORPORATION 01-18-2001 90023 006 ****69.75 Principal Place of Business Mailing Address AVONDALE BAPTIST CHURCH 3519 HERSCHEL ST. 3519 HERSCHEL ST JACKSONVILLE FL 32205 A C C C C C C C C C C JACKSONVILLE FL 32205 2. Principal Place of Business 3519 Herschel 3. Mailing Address 3519 Hersch Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-0873829 Not Applicable acksonnel \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROCK, FREDERICK R. 1824 DONALD STREET JACKSONVILLE FL 32205 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered ed agent, or both, in the state of Florida SIGNATURE Frederick R. Brock /3/2001 Signature, typed or printed name of registered agent and title if applicable instating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: П Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition KASELL, RICHARD NAME NAME STREET ADDRESS 1328 EDGEWOOD AVE., SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change GANEY, HARRY D. NAME NAME 4979 WATER OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE ☐ Change STEWART, LELAND NAME NAME 3320 LAKESHORE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition MATTOX, HUGH NAME NAME 4281 MCGIRTS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 \$17, 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.