AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-16-2005 90205 026 ****70.00
N36290

DOCUMENT # N36290

1. Entity Name
AVONDALE BAPTIST CHURCH CORPORATION

FILED
05 MAY 25 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50052775

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
CHURCH	3519 HERSCHEL STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32205 Country: U.S.A.	Zip: 32205 Country: U.S.A.

4. FEI Number: 59-0873829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HARRY GANEY

Street Address (P.O. Box Number is Not Acceptable): 4979 WATER OAK LANE

City: JACKSONVILLE FL Zip Code: 32205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Harry D. Ganey 5/10/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT OF CORPORATION
NAME	PETER RUMMELL
STREET ADDRESS	2538 RIVER ROAD
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207
TITLE	VICE PRESIDENT
NAME	HUGH MATTOX
STREET ADDRESS	4281 MCGIRTS BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210
TITLE	SECRETARY OF CORPORATION
NAME	DORIS MALTBY
STREET ADDRESS	1432 INGLESIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32205
TITLE	TREASURER
NAME	HARRY GANEY
STREET ADDRESS	4979 WATER OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harry D. Ganey - (TREASURER) 5/10/05 904-387-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #