Amended

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

DOCUMENT # N36290

1. Entity Name

AVONDALE BAPTIST CHURCH CORPORATION

FILED
Amended
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 AM 9:39

DO NOT WRITE IN THIS SPACE

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.

DO NOT WRITE IN THIS SPACE

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	JANE BOLINE
STREET ADDRESS	4710 APACHE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210
TITLE	TREASURER
NAME	HARRY GANEY
STREET ADDRESS	4979 WATER OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	600057344096 07/12/05--01031--013 **61.25
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #