2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003
Secretary of State

DOCUMENT# N37223

Entity Name: FIRST SAMUEL MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

3333 FRANKLIN STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3333 FRANKLIN STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3013018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JENNINGS, RALPH D
3333 FRANKLIN STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JENNINGS, RALPH D
Address: 3333 FRANKLIN STREET
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete
Name: HICKS, TILDON
Address: 4409 LINCREST DRIVE S.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD ( ) Delete
Name: BOGINS, MARYLYNN
Address: 7642 COLLINS RIDGE BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Delete
Name: BARFIELD, TEWONNA
Address: 2758 LANTANA LAKES DR. W.
City-St-Zip: JACKSONVILLE, FL 32247

Title: AS ( ) Delete
Name: PATTERSON, IDELLA
Address: 2205 WEST 30TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH D JENNINGS PD 09/09/2003

Electronic Signature of Signing Officer or Director — Date