

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39338

1. Entity Name

FIRST MACEDONIA BAPTIST CHURCH, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90031 008 \*\*\*\*61.25

0012341

Principal Place of Business

Mailing Address

8081 LENOX AVENUE  
JACKSONVILLE FL 32221

8081 LENOX AVENUE  
JACKSONVILLE FL 32221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2066271

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

CARTER, DOYLE D  
8081 LENOX AVE  
JACKSONVILLE FL 32221

Williford, Wayne  
9410 Coxwell Lane  
JACKSONVILLE FL 32221

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  
NAME CARTER, DOYLE  
STREET ADDRESS 1364 FOURAKER RD  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE VD  
NAME COLLINS, WOODY  
STREET ADDRESS 7659 CREST DR N  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD  
NAME FORD, BETTY L  
STREET ADDRESS 8423 FINWOOD AVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE T  
NAME CARTER, DOYLE  
STREET ADDRESS 1364 FOURAKER RD  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME Williford, Wayne  
STREET ADDRESS 9410 Coxwell Lane  
CITY-ST-ZIP JACKSONVILLE FL 32221 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME Ford, Betty L  
STREET ADDRESS P.O. Box 6192 - 8423 Finwood Ave  
CITY-ST-ZIP JACKSONVILLE FL 32236 ☒ Change ☐ Addition

TITLE VP Heck, EO  
NAME  
STREET ADDRESS 2715 Stratton Rd.  
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Change ☐ Addition

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:

Betty L Ford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 904-783-1178  
Date Daytime Phone #

CR2E037 (10/00)