## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N43165**

1. Entity Name



## **FILED** Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90145 046 \*\*\*\*61.25

NORTH	PEARL STREET BAPTIST CH	IURCH, INC.			07 2005 501 15 0 10	01.23
4003 NORTH PEARL STREET 400		Mailing Address 4003 NORTH PEARL STREE JACKSONVILLE FL 32208	4003 NORTH PEARL STREET			
				 	På filmi iðurð áfiða álið denið níoki ókólk a	SKI SKSKI TESKI ISSE
2. Principal Place of Business		3. Mailing Address				
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.	·		HECK HERE IF MAKING CHAN	GES
City & St	tate	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59	-3143567	Applied For
Zip	. Country:	Zip	Country	5. Certificate of Star	ius Desired	Not Applicable Additional
	6. Name and Address of Curren	t Registered Agent	<del></del>	7. Name and Addre	ess of New Registered Agent	<del></del>
			Name		Or Hogololou Agent	
2566 VI	ELL, JOHNNY L. ERNON STREET		Street Address (P.O. Box Number is Not Acceptable)		t Acceptable)	<del></del>
JACKS	ONVILLE FL 32209				1,4	
			City		FL   `	Code
8. The above the obligation of	ve named entity submits this statement fations of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in th	e State of Florida. I am familiar v	vith, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and this if an illustration is a second state of the second stat	<del> </del>			
1.7	or segment agent	Tand the rapplicable. (NOTE: )	Registered Agent signature requ	uired when reinstating)	DATE	
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees	Make Check Paya Florida Department	
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	0.0140
TITLE (1.)	P.	☐ Delete	TITLE	ADDITIONS/CHANGES	Chai	
NAME	THOMAS, LARRY		NAME		Li Ona	ige Addition
STREET ADDRESS CITY-ST-ZIP	11645 BRIDGES ROAD JACKSONVILLE FL		STREET ADDRESS			
TITLE	CT .		CITY-ST-ZIP			
NAME	MITCHELL, JOHNNY L.	☐ Delete	TITLE NAME		☐ Chan	ge 🔲 Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP	ere e transporte de la companya de l La companya de la co		
TITLE	S THOMAS EAVE E	☐ Delete	TITLE		☐ Chan	ge 🔲 Addition
name Street address	THOMAS, FAYE E 11645 BRIDGES RD		NAME OTREET ARRESTOR		*	
CITY-ST-ZIP	JACKSONVILLE FL		STREET ADDRESS CITY-ST-ZIP			
TITLE	TRT	☐ Delete	TITLE			
NAME	SMITH, NEVILLE	Delete	NAME		☐ Chan	ge 🔲 Addition
STREET ADDRESS	4736 NELMAR PL		STREET ADDRESS			, ,
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP			
TITLE	TRT MITCHELL LOLA	☐ Delete	TITLE		☐ Chan	ge Addition
NAME STREET ADDRESS	MITCHELL, LOLA 2566 VERNON ST		NAME			
CITY-ST-ZIP	JACKSONVILLE FL		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	<del></del>			
NAME		□ nelete	TITLE NAME -		☐ Chang	e 🗌 Addition
STREET ADDRESS	**	<i>,</i>	STREET ADDRESS			
CITY-ST-ZIP		i	CITY-ST-ZIP		•	
7111-31-21	<u> </u>		OITT-31-EIF			1

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE REQU