

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2001 8:00 am**  
**Secretary of State**

09-11-2001 90006 029 \*\*\*\*61.25

**DOCUMENT #** N44527  
**1. Entity Name** WEST RIVER CITY BAPTIST CHURCH OF JACKSONVILLE, INC. (UP)

**Principal Place of Business** 6500 West 5th Street  
 Jacksonville, FL 32254  
**Mailing Address**

**2. Principal Place of Business** 6500 West 5th Street  
 Suite, Apt. #, etc.  
**3. Mailing Address** Same  
 Suite, Apt. #, etc.

**City & State** Jacksonville, FL  
**Zip** 32254 **Country** Duval

**4. FEI Number** 593066341  Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

A0084972

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Jeffrey D. Babbitt  
 1650 McCaul Road  
 Jacksonville, FL 32220

**7. Name and Address of New Registered Agent**  
 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 fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Glen Ellison 1652 Dolph Road Jax, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete William S. Silcox 6780 Cisco Gardens Rd. W. Jax, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Jeffrey-D. Babbitt 1650 McCaul Road Jacksonville, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Steve Cox 12531 Flynn Rd. Jacksonville, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Sheila Ellison 1652 Dolph Road Jacksonville, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Jeffrey D. Babbitt *Jeffrey D. Babbitt* 9-4-2001 904-464-3843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)