

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90091 031 \*\*\*\*61.25

**DOCUMENT # N44934**

1. Entity Name

**FIRST BAPTIST CHURCH OF GREEN COVE SPRINGS, FLOR**

Principal Place of Business

615 WALNUT ST.  
 GREEN COVE SPRINGS FL 32043

Mailing Address

615 WALNUT ST.  
 GREEN COVE SPRINGS FL 32043-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1156004**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLOCK, REV. JOHN S.**  
**106 LEWIS DR.**  
**GREEN COVE SPRINGS FL**

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

*Rev. John S. Pollock*

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  Delete  
 NAME **POLLOCK, JOHN S**  
 STREET ADDRESS **106 LEWIS DRIVE**  
 CITY-ST-ZIP **GREEN COVE SPRGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MANN, CLAUDE W., JR.**  
 STREET ADDRESS **930 LANDRETH ROAD**  
 CITY-ST-ZIP **GREEN COVE SPRGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **GOOD, MARC S**  
 STREET ADDRESS **6092 WOODARD LANE**  
 CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE  Change  Addition  
 NAME **JAMES JENKINS**  
 STREET ADDRESS **2280 WILBY AVE**  
 CITY-ST-ZIP **MIRLEBURG, FL.**

TITLE  Delete  
 NAME **FOY, BRUCE**  
 STREET ADDRESS **1145 FLORIDA ST**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE  Change  Addition  
 NAME **KATH DARRIN Sr.**  
 STREET ADDRESS **P.O. Box 581**  
 CITY-ST-ZIP **Green Cove Springs, Fl. 32043**

TITLE  Delete  
 NAME **MCGEE, JEFFREY**  
 STREET ADDRESS **1700 JULIA STREET**  
 CITY-ST-ZIP **GREEN COVE SPRGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CHASTAIN, ROBERT**  
 STREET ADDRESS **1518 WALNUT ST**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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:

*Rev. John S. Pollock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2000

CR2E037 (9/99)