

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90111 026 ****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

2. Principal Place of Business

615 WALNUT ST
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 335
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Green Cove Springs, FL

City & State
 Green Cove Springs, FL

4. FEI Number
 59-1156004

Applied For
 Not Applicable

Zip
 32043

Country
 USA

Zip
 32043

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 *Rev. John S. Pollock*
 Signature, typed or printed name of registered agent and title if applicable.

4-1-01
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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 P
 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 D
 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 D
 JENKINS, JAMES
 STREET ADDRESS 2280 WALLABY AVE
 CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T
 DAMREN, KIETH SR
 STREET ADDRESS PO BOX 581
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE Change Addition
 NAME T
 Ed Carter
 STREET ADDRESS 708 GOURMET 3 COSET
 CITY-ST-ZIP Green Cove Springs FL 32043

TITLE Delete
 NAME D
 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 T
 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* REQUIRED *4-1-01 904-284-9237*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)