

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49581

1. Entity Name

ORTEGA BAPTIST CHURCH, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 017 ****61.25

Principal Place of Business

Mailing Address

4865 ROOSEVELT BLVD.
JACKSONVILLE FL 32210

4865 ROOSEVELT BLVD.
JACKSONVILLE FL 32210-5944

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

59-0895912

Applied For

Not Applicable

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

BELLWOOD, CECIL C SR
4425 HIAWATHA ST
JACKSONVILLE FL 32210

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	PT	<input type="checkbox"/> Delete
NAME	JERNIGAN, FLOURNEY	
STREET ADDRESS	8558 THIMS AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NEWMAN, NEIL	
STREET ADDRESS	2514 IROQUOIS AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BELLWOOD, CECIL C SR	
STREET ADDRESS	4425 HIAWATHA ST	
CITY - ST - ZIP	JOACSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cecil C. Bellwood Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cecil C. Bellwood Sr 2/19/2000 389-1144

CR2E037 (9/99)