

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N49581**

1. Entity Name
ORTEGA BAPTIST CHURCH, INC.

Principal Place of Business
**4865 ROOSEVELT BLVD.
JACKSONVILLE FL 32210**

Mailing Address
**4865 ROOSEVELT BLVD.
JACKSONVILLE FL 32210**

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

**LAND, HERBERT
4542 BIRKEN HEAD RD
JACKSONVILLE FL 32210**

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 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

TITLE **PT** ☐ Delete
NAME **JERNIGAN, ALBERT**
STREET ADDRESS **8558 THIMS AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **VT** ☐ Delete
NAME **NEWMAN, NEIL**
STREET ADDRESS **2514 IROQUOIS AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ Delete
NAME **CHITTY, JEAN**
STREET ADDRESS **4340 BALTIC STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Albert Jernigan
Albert Jernigan (904) 783-3741
01/10/2002

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90042 010 ****61.25

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DO NOT WRITE IN THIS SPACE

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