

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49906

1. Entity Name

RUSSELL BAPTIST CHURCH, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90267 042 ****61.25

Principal Place of Business

2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

Mailing Address

2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043-9599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1592810**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BAKER, RONALD L.
2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

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

TITILE NAME ☐ Delete
CREWS, DAVID
STREET ADDRESS 4048 COUNTRY MEADOWS DR
CITY-ST-ZIP MIDDLEBURG FL 32068

TITILE NAME ☐ Delete
C PIKE, MIKE
STREET ADDRESS 2373 OLD BLUE RUN RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITILE NAME ☐ Delete
I LINTON, ERIC
STREET ADDRESS 1613 NOLAN RD
CITY-ST-ZIP MIDDLEBURG FL 32068

TITILE NAME ☒ Delete
D MORRIS, WAYNE
STREET ADDRESS 3594 ED'S COURT
CITY-ST-ZIP GREEN COVE SPGS. FL

TITILE NAME ☐ Delete
I LUERA, ALEX
STREET ADDRESS 592 HICKORY DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITILE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITILE NAME ☐ Change ☒ Addition
Bobby Crosby
STREET ADDRESS P.O. Box 2338
CITY-ST-ZIP Orange Park, FL 32067

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

TITILE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

(904) 284-3951