

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90074 020 ****61.25

DOCUMENT # **N92000000971**

1. Entity Name

Hodges Boulevard Presbyterian Church

DO NOT WRITE IN THIS SPACE

80125980

2. Principal Place of Business

4140 Hodges Blvd.
Suite, Apt. #, etc.

3. Mailing Address

4140 Hodges Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL
Zip **32224** Country

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Jacksonville, FL
Zip **32224** Country

4. FEI Number

59-3157535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Milton Griffin

Street Address (P.O. Box Number is Not Acceptable)

13126 Chet's Creek Dr. N

City

Jacksonville

FL

Zip Code

32224

**DO NOT WRITE
IN THIS SPACE**

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

6/18/02

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P Clifton Smith 4140 Hodges Blvd. Jacksonville, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Leslie Smith 4140 Hodges Blvd. Jacksonville, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Edythe Tebbs 4140 Hodges Blvd. Jacksonville, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Milton Griffin 13126 Chet's Creek Drive N. Jacksonville, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Milton Griffin