2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002
Secretary of State

DOCUMENT# N92000000971

Entity Name: HODGES BOULEVARD PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

4140 HODGES BLVD.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4140 HODGES BLVD.
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3157535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, MILTON
13126 CHETS CREEK DR N
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, CLIFTON
Address: 4140 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete
Name: SMITH, LESLIE
Address: 4140 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS ( ) Delete
Name: TEBBS, EDYTHE
Address: 4140 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD ( ) Delete
Name: GRIFFIN, MILTON
Address: 13126 CHET'S CREEK DR N
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HARPER, CLAUDE JR
Address: 4140 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON GRIFFIN TD 09/09/2002

Electronic Signature of Signing Officer or Director — Date