

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000713

1. Entity Name

CORAL RIDGE BAPTIST CHURCH, SCHOOLS, UNIVERSITY, And
Freedom Seminary, INC.

Principal Place of Business

Mailing Address

2967 HUFFMAN BLVD
JACKSONVILLE FL 32246
US

P O BOX 16502
JACKSONVILLE FL 32245-6502
US

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

59-2128653

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

BURNSED, JEFF
9719 NIMITZ COURT NORTH
JACKSONVILLE FL 32246

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	PD	☐ Delete
NAME	BURNSED, JEFF D	
STREET ADDRESS	9719 NIMITZ CT., N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ Delete
NAME	FOX, ANTHONY D	
STREET ADDRESS	9755 JUPITER CT., N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	BURNSED, JANE M	
STREET ADDRESS	9719 NIMITZ CT NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	HANNAH, TOMMY	
STREET ADDRESS	9738 IVEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ Delete
NAME	MALEHORN, BILL	
STREET ADDRESS	4192 WHISPERING OAKS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90020 005 ****61.25



DO NOT WRITE IN THIS SPACE

07 JAN 00 (904)
642-273