

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 026 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000000713

1. Entity Name

**CORAL RIDGE BAPTIST CHURCH, SCHOOLS, UNIVERSITY,
 AND FREEDOM SEMINARY, INCORPORATED**

Principal Place of Business 2967 HUFFMAN BLVD JACKSONVILLE FL 32246 US	Mailing Address P O BOX 16502 JACKSONVILLE FL 32245 US
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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

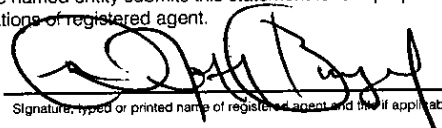
**BURNSED, JEFF
 9719 NIMITZ COURT NORTH
 JACKSONVILLE FL 32246**

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. I am familiar with, and accept the obligations of registered agent.

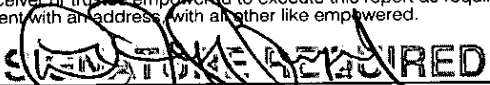
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNSED, JEFF D 9719 NIMITZ CT., N. JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, ANTHONY D 9755 JUPITER CT., N. JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNSED, JANE M 9719 NIMITZ CT NORTH JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNAH, TOMMY 9738 IVEY ROAD JACKSONVILLE FL 32246 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALEHORN, BILL 4192 WHISPERING OAKS JACKSONVILLE FL 32211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNSED, TIFFANY J 6406 HIMRTZ CT NORTH JACKSONVILLE FL 32246 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **03 July 02 (904) 642-2226**

CR2E037 (4/02)