

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90056 037 ****61.25

0001283

DOCUMENT # N93000003885

1. Entity Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF JACKSONVIL

(1A)

Principal Place of Business

Mailing Address

**217 MCCARGO STREET
 JACKSONVILLE FL 32220**

**217 MCCARGO STREET
 JACKSONVILLE FL 32220**

80009414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3279934

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

Name

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

City

FL

Zip Code

**JACKSON, FREDDIE PASTOR
 2625 KOHN ROAD
 JACKSONVILLE FL 32244**

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
 After September 12, 2001, 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **TUCKER, DAWN F**
 STREET ADDRESS **22 EAST 31 STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

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

TITLE **D** ☐ Delete
 NAME **JOHNSON, RODNEY N**
 STREET ADDRESS **8279 PINEVERDE LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

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

TITLE **D** ☒ Delete
 NAME **SMITH, EDITH**
 STREET ADDRESS **1027 BULLS BAY HIGHWAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

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

TITLE **D** ☐ Delete
 NAME **GRAVES, CATHERINE**
 STREET ADDRESS **2324 CLIFTON STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **D** ☒ Delete
 NAME **WEST, CALVIN**
 STREET ADDRESS **8259 KIRKLAND ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

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

TITLE **D** ☐ Delete
 NAME **JACKSON, KAREN**
 STREET ADDRESS **217 MCCARGO STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

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: *RODNEY N JOHNSON* 9/11/01

CR2E037 (5/01)