

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000963

1. Entity Name

SOUTHWEST BAPTIST CHURCH, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90074 031 ****61.25

Principal Place of Business

8565 COLLINS ROAD
JACKSONVILLE FL 32210

Mailing Address

6107 118TH STREET
JACKSONVILLE FL 32244

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3177040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, DORIS
6107 118TH STREET
JACKSONVILLE FL 32244

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.

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 13, 2000 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

TITLE	D	☐ Delete
NAME	CERCY, DARRELL L	
STREET ADDRESS	6083 118TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	☐ Delete
NAME	WRIGHT, WILLIAM W	
STREET ADDRESS	2030 BUCKMAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 3220	
TITLE	DP	☐ Delete
NAME	MOSLEY, DORIS E	
STREET ADDRESS	6107 118TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

July 7, 2000

Date

(904) 771-5924

Daytime Phone #

CR2E037 (5/00)