NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-09-2002 91165 045 ****61.25

DOCUMENT # N02000009463

1. Entity Name

Southwest Baptist Church Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8565 Collins Road Suite, Apt. #, etc.	6107 118th Street Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Jacksonville, FL
Zip: 32244 Country: USA	Zip: 32244 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Doris Mosley

Street Address (P.O. Box Number is Not Acceptable): 6107 118th Street

City: Jacksonville FL Zip Code: 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: Doris Mosley 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	President
NAME	Doris Mosley
STREET ADDRESS	6107 118th Street
CITY-ST-ZIP	Jacksonville, FL. 32244
TITLE	Chairman
NAME	Darrell Cercy
STREET ADDRESS	6083 118th Street
CITY-ST-ZIP	Jacksonville, FL. 32244
TITLE	
NAME	William Wright
STREET ADDRESS	2030 Buckmen Street
CITY-ST-ZIP	Jacksonville, FL 32206
TITLE	Secretary
NAME	Donna Certy
STREET ADDRESS	6083 118th Street
CITY-ST-ZIP	Jacksonville, FL. 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Doris Mosley 3/18/02 (904) 771-5929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #