

# 2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004132

1. Entity Name

PAUL AVENUE BAPTIST CHURCH OF JACKSONVILLE, INC.

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90023 018 \*\*\*\*70.00

Principal Place of Business

2742 PAUL AVE.  
JACKSONVILLE FL 32207

Mailing Address

2742 PAUL AVE.  
JACKSONVILLE FL 32207

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

59-3083282

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

WALLS, DONALD  
4856 SOUTHLAND DRIVE  
JACKSONVILLE FL 32207

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TRD  
NAME ALDRICH, MELBA ☒ Delete  
STREET ADDRESS 2725 PAUL AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DEBORAH WOOD TRD  
NAME 4423 MORELAND ROAD ☐ Change ☒ Addition  
STREET ADDRESS JACKSONVILLE, FL 32207  
CITY-ST-ZIP

TITLE TRD  
NAME BOLES, MABLE ☐ Delete  
STREET ADDRESS 2743 LARSEN ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE S  
NAME WALLS, GLORIA ☐ Delete  
STREET ADDRESS 4856 SOUTHLAND DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE T  
NAME WOOD, ROBERT ☐ Delete  
STREET ADDRESS 4423 MORELAND ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: *Robert Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-01

Date

Daytime Phone #

CR2E037 (10/00)