

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90074 006 \*\*\*\*\*61.25

0012511

**DOCUMENT # N94000006310**

1. Entity Name

**ATLANTIC COMMUNITY CHURCH (CHRISTIAN REFORMED),**

Principal Place of Business

**10916 ATLANTIC BLVD.  
JACKSONVILLE FL 32225**

Mailing Address

**10916 ATLANTIC BLVD.  
JACKSONVILLE FL 32225**

2. Principal Place of Business

**7500 Merrill Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**7500 Merrill Rd**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Jacksonville, FL**

City &amp; State

**Jacksonville, FL**

4. FEI Number

**31-1272442**

Applied For

Not Applicable

Zip

**32277**

Country

**USA**

Zip

**32277**

Country

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

6. Name and Address of Current Registered Agent

**RUMPH, J. QUINTON  
3100 UNIVERSITY BLVD. SOUTH  
SUITE 101  
JACKSONVILLE FL 32216**

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**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D OLNEY, THOMAS 11660 CAPE HORN AVE JACKSONVILLE FL 32246</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ASHENDEN, ED 2033 INDIAN SPRINGS DR JACKSONVILLE FL 32246</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GEE, JOHN 12219 PINK PANTHER CT JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, MELANIE 13007 QUINCY BAY DR JACKSONVILLE FL 32224</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D John A. Byker 835 W. Colonial St. Jacksonville, FL 32225</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Charles Fuller 2347 Covington Creek Dr. W. Jacksonville, FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jane Uroon 939 E. Carlotta Rd Jacksonville, FL 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pastor John A. Byker** **John A. Byker** **4/26/01** **904-928-0093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)