

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91188 043 ****61.25

0051160

DOCUMENT # N94000006310

1. Entity Name

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

Principal Place of Business

Mailing Address

**7500 MERRILL RD
 JACKSONVILLE FL 32277**

**7500 MERRILL RD
 JACKSONVILLE FL 32277**

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

31-1272442

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BYKER, JOHN A**
 STREET ADDRESS **835 W. COLONIAL ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **D** ☒ Delete
 NAME **FULLER, CHARLES**
 STREET ADDRESS **2347 COVINGTON CREEK DR. W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Change ☒ Addition
 NAME **LEE KLENK**
 STREET ADDRESS **11642 MARINA DR,**
 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Delete
 NAME **GEE, JOHN**
 STREET ADDRESS **12219 PINK PANTHER CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **D** ☐ Delete
 NAME **VROON, JANE**
 STREET ADDRESS **939 E. CARLOTTA RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **KEN GARRETTON**
 STREET ADDRESS **711 LEE ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete
 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:

JANE VROON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE VROON

3-31-02

(904)

743-7338

Date

Daytime Phone #

CR2E037 (9/01)