

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90129 041 ****61.25

DOCUMENT # N94000006310

1. Entity Name

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



Principal Place of Business

**7500 MERRILL RD
JACKSONVILLE FL 32277**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **D** ☐ Change ☒ Addition
NAME **ED ASHENDEN**
STREET ADDRESS **2033 INDIAN SPRINGS DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

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

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT BARRETT-SMITH**
STREET ADDRESS **2025 INDIAN SPRINGS DRIVE**
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 **D** ☐ Change ☒ Addition
NAME **COLLEEN GEE**
STREET ADDRESS **12219 PINK PANTHER COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

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 **D** ☐ Delete
NAME **GARRETSON, KEN**
STREET ADDRESS **711 LEE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

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:

KEN GARRETSON

KEN GARRETSON

3/20/03

**(904)
355-1241**

CR2E037 (10/02)