

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001084

1. Entity Name

VISION BAPTIST CHURCH OF JACKSONVILLE, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90633 027 ****70.00

Principal Place of Business

Mailing Address

8973 LEM TURNER ROAD
JACKSONVILLE FL 32208

9746 DEVONSHIRE BLVD.
JACKSONVILLE FL 32208

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

59-3315051

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

LEWIS, KELVIN L.
9746 DEVONSHIRE BLVD.
JACKSONVILLE FL 32208

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 VTD
NAME BAILEY, JOSEPH E ☒ Delete
STREET ADDRESS 7060 BISHOP HATCHER DR. WEST
CITY-ST-ZIP JACKSONVILLE FL 32219

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

TITLE SD
NAME WRIGHT-BAILEY, HELEN ☒ Delete
STREET ADDRESS 7060 BISHOP HATCHER DR. WEST
CITY-ST-ZIP JACKSONVILLE FL 32219

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

TITLE D
NAME JOHNSON, SHANNON E ☒ Delete
STREET ADDRESS 6877 VAN GUNDY DR.
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE D
NAME LEWIS, GWENDOLYN D ☒ Delete
STREET ADDRESS 9746 DEVONSHIRE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE D
NAME DAVIS, GLENN C ☒ Delete
STREET ADDRESS 5523 SOUTH LOFTY PLACE DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D
NAME BANKS, LEROY SR. ☒ Delete
STREET ADDRESS 9711 DARLINGTON DR.
CITY-ST-ZIP JACKSONVILLE FL 32208

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: *Helen Wright Bailey* *Helen Wright Bailey, Dir.* 4/22/02 904-768-4126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

DOCUMENT # **N95000001084**

1. Entity Name

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JACKSONVILLE FL 32208****9746 DEVONSHIRE BLVD.
JACKSONVILLE FL 32208**

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City & State

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Country

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Fee Required**

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**LEWIS, KELVIN L
9746 DEVONSHIRE BLVD.
JACKSONVILLE FL 32208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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 \$61.259. 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	VTD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JOSEPH E	
STREET ADDRESS	7060 BISHOP HATCHER DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT-BAILEY, HELEN	
STREET ADDRESS	7060 BISHOP HATCHER DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SHANNON E	
STREET ADDRESS	6877 VAN GUNDY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, GWENDOLYN D	
STREET ADDRESS	9746 DEVONSHIRE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, GLENN C	
STREET ADDRESS	5523 SOUTH LOFTY PLACE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANKS, LEROY SR.	
STREET ADDRESS	9711 DARLINGTON DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. DIRECTORS IN 10

TITLE	PD	Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Kelvin L.	
STREET ADDRESS	9746 Devonshire Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	VD	Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Gwendolyn D.	
STREET ADDRESS	9746 Devonshire Blvd	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	VTD	Change <input checked="" type="checkbox"/> Addition
NAME	Bailey Joseph E.	
STREET ADDRESS	7060 Bishop Hatcher Dr. W.	
CITY-ST-ZIP	Jacksonville, FL 32219	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Banks, Sr, Leroy	
STREET ADDRESS	9711 Darlington Dr.	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Cooper, Jr, Charles E.	
STREET ADDRESS	2789 Fleming St.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Shannon E.	
STREET ADDRESS	6877 Van Gundy Dr.	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	SD	Change <input checked="" type="checkbox"/> Addition
NAME	Wright-Bailey, Helen	
STREET ADDRESS	7060 Bishop Hatcher Dr. W.	
CITY-ST-ZIP	Jacksonville, FL 32219	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S., or on an attachment with an address, with all other like empowered.

at the information
officer or director
Block 10 or Block 11 ifSIGNATURE: *Helen Wright Bailey, HELEN Wright Bailey, D.E. 4/22/02 904-768-9166*