

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90214 022 ****61.25

DOCUMENT # N95000003672

1. Entity Name

BEACHES COMMUNITY BAPTIST CHURCH, INC.

P

Principal Place of Business

Mailing Address

1706 N 3RD ST
 JACKSONVILLE BEACH FL 32250
 US

P.O. BOX 49141
 JACKSONVILLE BEACH FL 32240

A0073630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3354586

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EBERHARDY, N E
 1903 ECTOR ROAD
 JACKSONVILLE FL 32211

Name

TIMOTHY MOORE

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

549 VIKINGS LANE

City

ATLANTIC BEACH, FL

Zip Code

32233

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]

8-16-00

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

After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	EBERHARDY, N E	
STREET ADDRESS	1903 ECTOR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 04	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, DON	
STREET ADDRESS	125 ABALO WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FURST, DOYLEANN	
STREET ADDRESS	13922 SHIPWRECK CIR N	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, ALFONSO	
STREET ADDRESS	1800 THE GREENS WAY #508	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY MOORE	
STREET ADDRESS	549 VIKINGS LANE	
CITY-ST-ZIP	ATLANTIC BEACH, FL. 32233	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD ABRAHAMSON	
STREET ADDRESS	4491 DORIAN WAY	
CITY-ST-ZIP	JACKSONVILLE, FL. 32257	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBA C. ABRAHAMSON	
STREET ADDRESS	4491 DORIAN WAY	
CITY-ST-ZIP	JACKSONVILLE, FL. 32257	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE ROGENMOSE	
STREET ADDRESS	1621 S. 10TH STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an office like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-16-00

CR2E037 (5/00)