

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

DOCUMENT # N96000003599

1. Entity Name

ST. JOHNS PARK BAPTIST CHURCH, INC.



03 APR 29 AM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

670 SARAH PUNYA
4300 ST. JOHNS AVENUE
JACKSONVILLE FL 32210

Mailing Address

670 SARAH PUNYA
4300 ST. JOHNS AVENUE
JACKSONVILLE FL 32210

2. Principal Place of Business

C/O Bernie Roberts
Suite, Apt. #, etc.
4300 St. Johns Avenue
City & State
Jacksonville, FL
Zip 32210 Country U.S.

3. Mailing Address

C/O Bernie Roberts
Suite, Apt. #, etc.
4300 St. Johns Avenue
City & State
Jacksonville, FL
Zip 32210 Country U.S.

03/13/03 90052 016 \$5.00

4. FEI Number 59-0638483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BROWN, ALAN DR~~
~~105 FORD AVE~~
~~JACKSONVILLE FL 32218~~

7. Name and Address of New Registered Agent

Name Loy, Robert Dr
Street Address (P.O. Box Number is Not Acceptable)
2936 Manitou Avenue
City Jacksonville FL Zip Code 32210

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

Robert E. Loy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/06/03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JOHN A DR	
STREET ADDRESS	105 FORD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	GD	<input checked="" type="checkbox"/> Delete
NAME	PUNYA, SARAH	
STREET ADDRESS	3118 LAKESHORE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTER, BERNARD	
STREET ADDRESS	2760 CHELTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, FLORENCE	
STREET ADDRESS	4854 WHEELER AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, JOHN PAUL	
STREET ADDRESS	4423 BASS PL.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loy, Robert E. Dr	
STREET ADDRESS	2936 Manitou Avenue	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, Bernard	
STREET ADDRESS	4840 French Street	
CITY-ST-ZIP	Jacksonville, FL 32205	
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		
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 all other like empowered.

SIGNATURE: Bernard Carter

3/06/03 904-74-0523

CR2E037 (10/02)