

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004276

1. Entity Name

PROVIDENCE BAPTIST CHURCH OF CLAY COUNTY, INC.

Principal Place of Business

2599 FOXWOOD ROAD S.
ORANGE PARK FL 32073

Mailing Address

2599 FOXWOOD ROAD S.
ORANGE PARK FL 32073-6020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3397883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVENUE STE 117
ORANGE PARK FL 32073

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.

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

TITLE ☐ Delete
NAME ABISHIRE, KYLE D
STREET ADDRESS 960 PLAINFIELD AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME CHILDS, DAVID
STREET ADDRESS 7410 ORTEGA HILLS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME REYNOLDS, MARY
STREET ADDRESS 226 BRANSCOMB ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME JAMESON, WILLIAM L
STREET ADDRESS 2599 FOXWOOD ROAD SOUTH
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME POLK, DILLON
STREET ADDRESS 3930 MAIN ST
CITY-ST-ZIP MIDDLEBURG FL

TITLE ☐ Delete
NAME RODGERS, JACK
STREET ADDRESS 6459 JACK WRIGHT ISLAND ROAD
CITY-ST-ZIP ORANGEDALE FL 32092

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

William L. Jameson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Jameson 2-8-00
Date Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90040 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)