

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000005358**1. Entity Name
CHURCH AT THE ISLAND, INC.

Principal Place of Business	Mailing Address
3230 AVOCET LANE	P.O. BOX 1623
P.O. BOX 1623	
ORANGE PARK	ORANGE PARK
32065	32067
US	US

2. Principal Place of Business
83 KNIGHT BOXX ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.

City & State
ORANGE PARK FL

City & State

Zip Country Zip Country
32065 US 32067 US4. FEI Number
59-3403951Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**SIKES CONNIE
529 HARRISON AVE

Name

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

ORANGE PARK FL
32065

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 _____ DATE **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**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	D	<input type="checkbox"/> Delete
NAME	SMITH TOBITHA	
STREET ADDRESS	615 HAWKES ISLAND DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMITH JAMES BII	
STREET ADDRESS	615 HAWKES ISLAND DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOOKEER KIMBERLY	
STREET ADDRESS	3230 AVOCET LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOOKEER ART JR	
STREET ADDRESS	3230 AVOCET LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH TOBITHA	
STREET ADDRESS	615 HAWKES ISLAND DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH JAMES BII	
STREET ADDRESS	615 HAWKES ISLAND DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKEER KIMBERLY	
STREET ADDRESS	3230 AVOCET LANE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKEER ART JR	
STREET ADDRESS	3230 AVOCET LANE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
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)(f), 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: Art Hooker, Jr. DP 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E037 (11/00)