

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005358

1. Entity Name

CHURCH AT THE ISLAND, INC.

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90136 024 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

83 KNIGHT BOXX ROAD  
SUITE 104  
ORANGE PARK, FL 32065,  
US

P.O. BOX 1623  
ORANGE PARK FL 32067  
US

2. Principal Place of Business

3. Mailing Address

83 Knight Boxx Road  
Suite, Apt. #, etc.  
Suite 104

Suite, Apt. #, etc.

City & State

City & State

Orange Park, FL

Zip

Country

Zip

Country

32065

USA

4. FEI Number

59-3403951

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

SIKES, CONNIE  
529 HARRISON AVE  
ORANGE PARK FL 32065

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HOOKER, ART JR 3230 AVOCET LANE ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOOKER, KIMBERLY 3230 AVOCET LANE ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, JAMES B II 615 HAWKES ISLAND DRIVE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TOBITHA 615 HAWKES ISLAND DRIVE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eddy M. Foye, Jr. 1222 N. Orange Circle Orange Park, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*James B. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 2002

(904) 272-1976

Date

Daytime Phone #

CR2E037 (9/01)