

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90187 009 \*\*\*\*61.25

**DOCUMENT # N97000002622**

**1. Entity Name**  
**NORTH FLORIDA GOSPEL ASSOCIATION, INCORPORATED.**



**Principal Place of Business**  
MCCOY MISSIONARY BAPTIST CHURCH  
5103 ARROWSMITH ROAD  
JACKSONVILLE FL 32208

**Mailing Address**  
MCCOY MISSIONARY BAPTIST CHURCH  
5103 ARROWSMITH ROAD  
JACKSONVILLE FL 32208

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3441840**

☐ 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**

SAPP, GENEVA A  
MCCOY MISSIONARY BAPTIST CHURCH  
5103 ARROWSMITH ROAD  
JACKSONVILLE FL 32208

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. I am familiar with, and accept the obligations of registered agent.**

**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**  
**After September 10, 2003, min will be \$236.25**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD ☐ Delete  
NAME SAPP, GENEVA A  
STREET ADDRESS MCCOY MISSIONARY BAPTIST CHURCH  
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE ☐ Delete  
NAME CANNON, JERRY  
STREET ADDRESS 1401 CARNATION ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE ☐ Delete  
NAME SAPP, WILLIAM  
STREET ADDRESS 5103 ARROWSMITH  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME MATHIS, FRANK  
STREET ADDRESS 5021 QUAN DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE ☒ Delete  
NAME LAURAY, WILMA R BSN  
STREET ADDRESS 6520 THURGOOD CIR  
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Geneva A Sapp*

8/28/03

904-379-7623

CR2E037 (4/03)