

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002863 (5)

i. Entity Name

**LIBERTY COMMUNITY CHURCH OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**11417 SAINTS ROAD**

Suite, Apt. #, etc.

**A**

3. Mailing Address

**3611 ST JOHNS BLUFF RD S.**

Suite, Apt. #, etc.

**1**

City & State

**JACKSONVILLE, FL 32246**

City & State

**JACKSONVILLE, FL 32224**

4. FEI Number

**59-3432109**

Applied For

Not Applicable

Zip

**32246**

Country

**DUVAL**

Zip

**32224**

Country

**DUVAL**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**A0055032**

6. Name and Address of Current Registered Agent

**EVERILL, SCOTT**

**4642 PINWOOD AVENUE**

**JACKSONVILLE, FL 32207**

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

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 **Chairman - P/C** ☐ Delete  
NAME **EVERILL, SCOTT**  
STREET ADDRESS **4642 PINWOOD AVENUE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **Treasurer - T-TR** ☐ Delete  
NAME **FANCHER, DARRELL R.**  
STREET ADDRESS **8234 SHADY GROVE COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **Trustee - TR** ☐ Delete  
NAME **EVERILL, WILLIAM F.**  
STREET ADDRESS **1346 JAMAICA COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **Clerk/Secretary - S-TR** ☐ Delete  
NAME **EVERILL, WILLIAM F. II**  
STREET ADDRESS **2179 TRAYMORE ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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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: *Darrell R Fancher* **Darrell R Fancher** **4-26-00** **904-996-7758**

CR2E037 (9/99)