

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002864

1. Entity Name

POOL OF SILOAM BAPTIST CHURCH, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90348 035 ****61.25

Principal Place of Business

1923 OAKMONT DR
JACKSONVILLE FL 32211

Mailing Address

P.O. BOX 15018
JACKSONVILLE FL 32239-5018
US

2. Principal Place of Business

8252 ARLINGTON EXPRESS

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FLORIDA

City & State

4. FEI Number

59-3447130

Applied For

Not Applicable

Zip

32211

Country

DUVAL

Zip

Country

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

WRIGHT, BERNARD C SR
1923 OAKMONT DR
JACKSONVILLE FL 32211

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)

4/30/2000

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	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, BERNARD C SR	
STREET ADDRESS	1923 OAKMONT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, PEARLINDA L	
STREET ADDRESS	1923 OAKMONT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEST, DEBORAH	
STREET ADDRESS	338 SARGO RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD C. WRIGHT SR 4/30/00 904-723-5628

Date

Daytime Phone #

CR2E037 (9/99)