

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003977

1. Entity Name

CELEBRATION BAPTIST CHURCH OF JACKSONVILLE, FLOR

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90074 017 ****61.25

Principal Place of Business	Mailing Address
8195 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US	8195 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-6243 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3461547	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHEPPARD, LEE M
 7722 LEESBURG DR S
 JACKSONVILLE FL 32277

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 _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEPPARD, LEE M	
STREET ADDRESS	7722 LEESBURG DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARKSON, JEFF	
STREET ADDRESS	3745 TIMUCUA TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UNKELBACH, BETH	
STREET ADDRESS	6317 WUTHERING HEIGHTS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Crosby	
STREET ADDRESS	5473 Golf Course Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
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		
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 REQUIRED**

4/19/00 723-3040

CR2E037 (9/99)