

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91344 030 ****75.00

DOCUMENT # NA97 000004475

1. Entity Name

RECLAIM Baptist Church, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3500 Newcomb Rd

Suite, Apt. #, etc.

3. Mailing Address

3500 Newcomb Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

96050

City & State

Jacksonville, FL.

City & State

Jacksonville FL.

Zip

32218

Country

USA

Zip

32218

Country

USA

4. FEI Number

593316112

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

James P. Wright

Street Address (P.O. Box Number is Not Acceptable)

653 Monument Road Apt. 1416

City

Jacksonville

FL

Zip Code

32225

**DO NOT WRITE
IN THIS SPACE**

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

James P. Wright

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4-11-2002

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

James P. Wright
3521 Newcomb Rd
Jacksonville, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Geraldine Wright
3521 Newcomb Rd
Jacksonville, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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TITLE
NAME
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Brian Lewis
10938 Major Dwn
Jacksonville, FL 32246

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James P. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/2002

Daytime Phone #

CR2E037B (12/01)