

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005320

1. Entity Name

EXODUS MISSIONARY BAPTIST CHURCH, INC.

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90003 020 ****61.95

Principal Place of Business

1435 W STATE ST
JACKSONVILLE FL 32209
US

Mailing Address

1435 W STATE ST
JACKSONVILLE FL 32209-7638
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3466548

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

ODOM, CARL W JR
4042 BALD EAGLE LANE
JACKSONVILLE FL 32257

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

6/1/00

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

T ☐ Delete
NAME ODOM, GLORIA
STREET ADDRESS 4042 BALD EAGLE LN
CITY-ST-ZIP JACKSONVILLE FL 32257

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

P ☐ Delete
NAME CARL ODOM JR
STREET ADDRESS 4042 BALD EAGLE LN
CITY-ST-ZIP JACKSONVILLE FL 32257

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

S ☐ Delete
NAME GIVENS, BARBARA
STREET ADDRESS 347 W 11 ST- #B
CITY-ST-ZIP JACKSONVILLE FL 32225

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

T ☐ Delete
NAME CHARLES COLLINS
STREET ADDRESS 347 W 11TH ST #B
CITY-ST-ZIP JACKSONVILLE FL 32206

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

T ☐ Delete
NAME HENRY BROWN
STREET ADDRESS 4715 UNIVERSITY N
CITY-ST-ZIP JACKSONVILLE FL 32277

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

T ☐ Delete
NAME EDGAR JINKS
STREET ADDRESS 1655 W 23RD ST
CITY-ST-ZIP JACKSONVILLE FL 32206

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/00

904-352-4891

CR2E037 (9/99)