

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90074 040 ****61.25

DOCUMENT # N97000005777

1. Entity Name

NORWOOD BAPTIST CHURCH, INC., JACKSONVILLE, FL

Principal Place of Business

Mailing Address

**6505 NORWOOD AVE
JACKSONVILLE FL 32208**

**6505 NORWOOD AVE
JACKSONVILLE FL 32208-4467**

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

59-1205797

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

**MURRAY, A DARREL
5655 SALERNO RD
JACKSONVILLE FL 32244**

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

**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	MURRAY, A. DARREL	
STREET ADDRESS	5655 SALERNO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTSON, JAMES	
STREET ADDRESS	471 W 70TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIXON, SHIRLEY	
STREET ADDRESS	804 GARDENIA LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROOF, EDGAR R	
STREET ADDRESS	7464 ROWAN CT	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENOTTE, ELIZABETH	
STREET ADDRESS	7930 LORAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
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: EDGAR R. ROOF, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-2000

904-765-2047

Date

Daytime Phone #

CR2E037 (9/99)