

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001210

**DOCUMENT # N98000002233**

1. Entity Name

**ST. SIMON BAPTIST CHURCH, INCORPORATED**

**FILED**

**01 APR 13 PM 3: 22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**REINSTATEMENT** *0-01*

Principal Place of Business 1489 WELLS ROAD PO BOX 49 ORANGE PARK FL 32073	Mailing Address 1489 WELLS ROAD PO BOX 49 ORANGE PARK FL 32073-2313
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3062152</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**CAREY, VERA**  
1218 CIMMARON DR.  
ORANGE PARK FL 32065

**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 *Vera Carey* **11-1-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME P <b>RANDALL, W H</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>1976 HARBOR IS DR</b>	CITY-ST-ZIP <b>ORANGE PARK FL 32073</b>
TITLE NAME P <b>CAREY, VERA</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>1218 CIMMARON DR</b>	CITY-ST-ZIP <b>ORANGE PARK FL 32065</b>
TITLE NAME VP <b>GLOVER, GREG</b>	<input checked="" type="checkbox"/> Delete	STREET ADDRESS <b>7362 GINGER TEA TRAIL</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32244</b>
TITLE NAME TR <b>WILSON, WILLIE</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>8140 CORALBERRY LN</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32244</b>
TITLE NAME TR <b>GREEN, CHARISSETTA</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>1961 CALUSA TR</b>	CITY-ST-ZIP <b>MIDDLEBURG FL 32068</b>
TITLE NAME TR <b>MAIDEN, WAYNE</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>1558 HOPE VALKY DR</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32221</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME <b>200004037142--7</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>-04/23/01--01005--009</b>	CITY-ST-ZIP <b>*****61.25 *****61.25</b>
TITLE NAME <b>200004037142--7</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>-04/23/01--01005--010</b>	CITY-ST-ZIP <b>****175.00 ****175.00</b>
TITLE NAME <b>LEVARN MURRY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>3324 DEERFIELD PT. DR.</b>	CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>
TITLE NAME <b>200004037142--7</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>-04/23/01--01005--011</b>	CITY-ST-ZIP <b>*****61.25 *****61.25</b>
TITLE NAME <b>SP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: *Vera Carey* **REQUIRE** *2/27/2001* **(904) 542-5498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)