

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90492 029 ****61.25

DOCUMENT # N98000002233

1. Entity Name

ST. SIMON BAPTIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**1489 WELLS ROAD
 PO BOX 49
 ORANGE PARK FL 32073**

**1489 WELLS ROAD
 PO BOX 49
 ORANGE PARK FL 32073**

2. Principal Place of Business

1331 MILLER ST.

3. Mailing Address

P.O. BOX 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

Zip

Country

32073

CLAY

Zip

Country

32067-0049

CLAY

4. FEI Number

59-3062152

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

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

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **RANDALL, W H**
 CITY-ST-ZIP **1976 HARBOR IS DR
 ORANGE PARK FL 32073**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CAREY, VERA**
 CITY-ST-ZIP **1218 CIMMARON DR
 ORANGE PARK FL 32065**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MURRAY, LEVARN**
 CITY-ST-ZIP **3324 DEERFIELD POINT DR
 ORANGE PARK FL 32073**

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **WILSON, WILLIE**
 CITY-ST-ZIP **8140 CORALBERRY LN
 JACKSONVILLE FL 32244**

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **GREEN, CHARISSETTA**
 CITY-ST-ZIP **1961 CALUSA TR
 MIDDLEBURG FL 32068**

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

TITLE ☒ Delete
 NAME **TR**
 STREET ADDRESS **MAIDEN, WAYNE**
 CITY-ST-ZIP **1558 HOPE VALKY DR
 JACKSONVILLE FL 32221**

TITLE ☐ 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:

William H. Randall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-2002

904-215-3300

CR2E037 (9/01)