

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003829

1. Entity Name

PECAN PARK BAPTIST CHURCH, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 009 ****61.25

Principal Place of Business

162 PARK AVE.
JACKSONVILLE FL 32218

Mailing Address

162 PARK AVE.
JACKSONVILLE FL 32218-1466

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2372269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRURY, THOMAS T
11335 AVERY DR.
JACKSONVILLE FL 32218

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

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

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete
S
CANNON, MARY F
402 PARK AVE
JACKSONVILLE FL 32218

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete
T
RAWLINGS, JOLINDA
15229 ROBERTS AVE
JACKSONVILLE FL 32218

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TR
SNEAD, REECE
11385 SWEET CHERRY LANE
JACKSONVILLE FL 32225

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TR
POPE, EDITH
200 BIRD RD
JACKSONVILLE FL 32218

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TR
BOWMAN, FRANK
260 ORANGEDALE AVE
JACKSONVILLE FL 32218

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

(904) 757-0621

Daytime Phone #

CR2E037 (9/99)