

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003829

1. Entity Name

PECAN PARK BAPTIST CHURCH, INC.

Principal Place of Business

162 PARK AVE.
JACKSONVILLE FL 32218

Mailing Address

162 PARK AVE.
JACKSONVILLE FL 32218

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

59-2372269

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 Kasper, John M. Sr.

Street Address (P.O. Box Number is Not Acceptable)

62 Park Ave

City

Jacksonville

FL

Zip Code

32218

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

John Kasper

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>CANNON, MARY F</u> <u>402 PARK AVE</u> <u>JACKSONVILLE FL 32218</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>RAWLINGS, JOLINDA</u> <u>15229 ROBERTS AVE</u> <u>JACKSONVILLE FL 32218</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TR</u> <u>SNEAD, REECE</u> <u>11385 SWEET CHERRY LANE</u> <u>JACKSONVILLE FL 32225</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TR</u> <u>POPE, EDITH</u> <u>200 BIRD RD</u> <u>JACKSONVILLE FL 32218</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TR</u> <u>BOWMAN, FRANK</u> <u>260 ORANGEDALE AVE</u> <u>JACKSONVILLE FL 32218</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TR
Nash, W.C.
13814 Woodland ave
Jacksonville, Florida 32218

TR
Roberts, Hilbert
342 Park ave
Jacksonville, Florida 32218

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:

Mary F. Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (904) 757-8711
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)