FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 1

## Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # N99000002766 1. Entity Name CONCORD BAPTIST CHRISTIAN FAMILY CENTER, INC. 04-29-2002 90113 046 \*\*\*\*61 Principal Place of Business Mailing Address 10960 INDIES DRIVE SOUTH 10960 INDIES DRIVE SOUTH JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State \_\_\_\_59,34,101,15. ್⊶ು ಪ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEAL, A L 10960 INDIES DRIVE SOUTH JACKSONVILLE FL 32246 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) ☐ Delete Addition TITLE TITLE NAME NAME NEAL, A L 10940 Indies Dr. So. STREET ADDRESS 10960 INDIES DRIVE SOUTH STREET ADDRESS Fla. 32246 CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILLE FL 32246</u> Delete ☐ Change TITLE TITLE D Williams Bonner NAME NAME DOWNEY, WAYNE L STREET ADDRESS STREET ADDRESS ies Dr. So 1308 CESERY BLVD. CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILLE FL 32211</u> Change ☐ Addition ☐ Delete TITLE TITLE D verly B. Brown JONES, SHARON NAME NAME STREET ADDRESS STREET ADDRESS 1308 CESERY BLVD. CITY-ST-ZIP 32246 CITY-ST-ZIP JACKSONVILLE FL 32211 Delete ■ Addition TITLE TITLE ☐ Change NAME BONNER, BEVERLY B NAME STREET ADDRESS STREET ADDRESS 1308 CESERY BLVD. CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILLE FL 32211</u> TITLE ☐ Delete TITLE ☐ Change Addition **BROWN, BENNY** STREET ADDRESS STREET ADDRESS 1308 CESERY BLVD. CITY-ST-ZIP CITY-ST-ZIP <u>JACKSONVILLE FL 32211</u> TITLE Delete ☐ Change ☐ Addition D. NAME JONES, A L NAME STREET ADDRESS STREET ADDRESS 1308 CESERY BLVD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 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