

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90300 032 ****61.25

DOCUMENT # N99000003038

1. Entity Name

**INDEPENDENT BAPTIST CHURCH PLANTERS OF AMERICA O
 F JACKSONVILLE, FL INC.**

Principal Place of Business

Mailing Address

736 TRAMBLEY DR.EAST
 JACKSONVILLE FL 32221

736 TRAMBLEY DR.EAST
 JACKSONVILLE FL 32221

2. Principal Place of Business

3. Mailing Address

8565 Mallory Road
 Suite, Apt. #, etc.

8565 Mallory Road
 Suite, Apt. #, etc.

Suite 100

Suite 100

City & State
 Jacksonville, FL

City & State
 Jacksonville FL

Zip
 32221

Country

Zip
 32221

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3537827

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

Name

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

City

FL

Zip Code

MCMILLAN, HOMER I II
 736 TRAMBLEY DR.EAST
 JACKSONVILLE FL 32221

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

Homer I McMillan II, President

1/10/2002

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
 D MCMILLAN, HOMER I II
 736 TRAMBLEY DR.EAST
 JACKSONVILLE FL 32221 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Bruce Kelnhofer
 800 Hammond Blvd
 Jacksonville FL 32221 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D MCMILLAN, HOMER I SR.
 19497 BEN TALQUIN TRACE
 TALLAHASSEE FL 32310 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Richard A. Springer
 800 Hammond Blvd.
 Jacksonville FL 32221 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D MESSER, THOMAS C
 764 ESTATES COVE RD.
 JACKSONVILLE FL 32221 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D ALLEN, LESTER
 8719 CHEROKEE RD
 BLAIRSVILLE GA 30512 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D WHITE, DONALD
 10482 WELLINGTON SPRINGS WAY
 JACKSONVILLE FL 32221 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D SHOEMAKER, CHARLES T
 10482 HAMLET TERR.
 JACKSONVILLE FL 32221 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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

6/18/02

Date

904-378 3767

Daytime Phone #

CR2037 (9/01)