

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90155 029 ****61.25



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N99000003038

1. Entity Name
INDEPENDENT BAPTIST CHURCH PLANTERS OF AMERICA O F JACKSONVILLE, FL INC.

Principal Place of Business
8565 MALLORY ROAD
SUITE 100
JACKSONVILLE FL 32221

Mailing Address
8565 MALLORY ROAD
SUITE 100
JACKSONVILLE FL 32221

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

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

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

7. Name and Address of New Registered Agent

Name HOMER I McMillan II

Street Address (P.O. Box Number is Not Acceptable) 10493 Timber Creek Rd

City Jacksonville **FL** **Zip Code** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **1/6/03**
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 ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

Make Check Payable to Florida 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	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELNHOFER, BRUCE 800 HAMMOND BLVD JACKSONVILLE FL 32221	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSER, THOMAS C 764 ESTATES COVE RD. JACKSONVILLE FL 32221	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGER, RICHARD A 800 HAMMOND BLVD JACKSONVILLE FL 32221	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DONALD 10482 WELLINGTON SPRINGS WAY JACKSONVILLE FL 32221	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOEMAKER, CHARLES T 10482 HAMLET TERR. JACKSONVILLE FL 32221	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director McMillan, HOMER I II 10493 Timber Creek Rd Jacksonville, FL 32221	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]* **1/6/03**
Signature, typed or printed name of signing officer or director **DATE** **Daytime Phone #**

CR2E037 (10/02)