

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003455

1. Entity Name

AVALON BAPTIST CHURCH OF ORLANDO FLORIDA, INC.

Principal Place of Business

7587 BLANDING BLVD.
JACKSONVILLE FL 32244

Mailing Address

7587 BLANDING BLVD.
JACKSONVILLE FL 32244-5155

2. Principal Place of Business

833 HICKORY HILL CT.

Suite, Apt. #, etc.

3. Mailing Address

833 HICKORY HILL CT.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. FEI Number

59-3586649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, DALE R
7587 BLANDING BLVD.
JACKSONVILLE FL 32244

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	P	<input type="checkbox"/> Delete
NAME	WARD, DALE R	
STREET ADDRESS	7587 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, JERRY	
STREET ADDRESS	5944 LONGCHAMP DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOUGHERTY, BILL	
STREET ADDRESS	8234 SPENCERS TRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DALE R	
STREET ADDRESS	833 HICKORY HILL CT	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DALE R. WARD DALE R. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

Date

407-275-5499

Daytime Phone #

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-03-2000 90092 049 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)