

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003455

1. Entity Name

AVALON BAPTIST CHURCH OF ORLANDO FLORIDA, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90037 039 ****61.25

Principal Place of Business

Mailing Address

833 HICKORY HILL CT
 ORLANDO FL 32828
 US

833 HICKORY HILL CT
 ORLANDO FL 32828
 US

00037412

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

59-3586649

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

WARD, DALE R
 7587 BLANDING BLVD.
 JACKSONVILLE FL 32244

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME WARD, DALE R
 STREET ADDRESS 7587 BLANDING BLVD.
 CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

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

TITLE VT
 NAME JONES, JERRY
 STREET ADDRESS 5944 LONGCHAMP DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

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

TITLE STT
 NAME DOUGHERTY, BILL
 STREET ADDRESS 8234 SPENCERS TRACE
 CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

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

TITLE P
 NAME WARD, DALE R
 STREET ADDRESS 833 HICKORY HILL CT
 CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

Dale R Ward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

907-275-5499

CR2E037 (9/01)