

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90563 005 ****61.25

DOCUMENT # N99000004398

1. Entity Name

THE BAPTIST MISSION CENTER, INC.

Principal Place of Business

**600 EAVERTSON ST.
 JACKSONVILLE FL 32204**

Mailing Address

**600 EAVERTSON ST.
 JACKSONVILLE FL 32204**

629380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1662843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAMPSON, JAMES B REV.
 9003 POLK AVE.
 JACKSONVILLE FL 32208**

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

James B. Sampson, Secretary

Signature, typed or printed name of registered agent and this is applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	SAMPSON, J.B. REV.	600 EAVERTSON ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	PRESTON, C.E. REV.	600 EAVERTSON ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BANKS, C REV.	600 EAVERTSON ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GLANTON, W.L. REV.	600 EAVERTSON ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GRIFFIN, E. REV.	600 EAVERTSON ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SIMS, G.L. REV.	600 EAVERTSON ST.	JACKSONVILLE FL 32204	<input type="checkbox"/> Delete					<input 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:

James B. Sampson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 904-765-3111
 Date Daytime Phone #

CR2E037 (10/00)