

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005086

1. Entity Name

ARGYLE COMMUNITY CHURCH INC.

Principal Place of Business

141 DOVER BLUFF DR.
ORANGE PARK FL 32073

Mailing Address

141 DOVER BLUFF DR.
ORANGE PARK FL 32073

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

59-3590926

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

NICHOLSON, H. MARK
4521 PARK ST.
JACKSONVILLE FL 32205

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 ☐ Delete
NAME NICHOLSON, MARK
STREET ADDRESS 141 DAVIS BLUFF DR.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE VPD ☐ Delete
NAME NICHOLSON, MICHELE
STREET ADDRESS 141 DAVIS BLUFF DR.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE D ☒ Delete
NAME ANKROM, JAMIE
STREET ADDRESS 2935 WATERS VIEW CIR.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☒ Addition
NAME Dean Dixon
STREET ADDRESS 8500 Blazing Star Rd.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE D ☒ Delete
NAME ANKROM, CINDY
STREET ADDRESS 2935 WATERS VIEW CIR.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☒ Addition
NAME Doris Dixon
STREET ADDRESS 8500 Blazing Star Rd.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90154 038 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)