

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007666

1. Entity Name

JACKSONVILLE BILLY GRAHAM CRUSADE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90377 044 ****61.25

Principal Place of Business

Mailing Address

4160 WOODCOCK DR. SUITE 100
 JACKSONVILLE FL 32207

4160 WOODCOCK DR. SUITE 100
 JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3616907

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

SOD, JEFFREY D
 233 E BAY ST, SUITE L-3
 JACKSONVILLE FL 32202

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 ROWE, RON
 STREET ADDRESS 233 E BAY ST, SUITE L-3
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
 NAME 2700 University Blvd S
 STREET ADDRESS Jacksonville FL 32216
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME BRUST, ELLIS
 STREET ADDRESS 233 E BAY ST, SUITE L-3
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
 NAME 325 Market Street
 STREET ADDRESS Jacksonville FL 32202
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME GOLDSMITH, BEN
 STREET ADDRESS 233 E BAY ST, SUITE L-3
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
 NAME 5172 Spring Glen Road
 STREET ADDRESS Jacksonville FL 32207
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME HILL, TERRI
 STREET ADDRESS 233 E BAY ST, SUITE L-3
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
 NAME 1821 San Pablo
 STREET ADDRESS Jacksonville FL 32224
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MCLAUGHLIN, VAUGHN
 STREET ADDRESS 233 E BAY ST, SUITE L-3
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
 NAME 5732 Normandy Blvd
 STREET ADDRESS Jacksonville FL 32205
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME WIGGINS, GARRY
 STREET ADDRESS 233 E BAY ST, SUITE
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
 NAME 5755 Ramona Blvd
 STREET ADDRESS Jacksonville FL 32205
 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 #

CR2E037 (9/99)