

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049398

1. Entity Name

FLORIDA BAPTIST AUXILIARY ENTERPRISES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90039 003 ***158.75

Principal Place of Business

Mailing Address

1320 HENDRICKS AVE.
 JACKSONVILLE FL 32207

1320 HENDRICKS AVE.
 JACKSONVILLE FL 32207-8621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3063645

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

~~BORDERS, GEORGE R~~
 1320 HENDRICKS AVE.
 JACKSONVILLE FL 32207

Name

James F. Jackson

Street Address (P.O. Box Number is Not Acceptable)

1320 Hendricks Ave.

City

Jacksonville

FL

Zip Code

32207

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.

James F. Jackson, Pres.

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **EASSA, JACK J**
 STREET ADDRESS **2640 KITBUCK WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **P** ☒ Change ☐ Addition
 NAME **James F. Jackson**
 STREET ADDRESS **4560 Glen Kernan Pkwy E**
 CITY-ST-ZIP **Jacksonville FL 32224**

TITLE **S** ☐ Delete
 NAME **HOWELL, JOSEPH D**
 STREET ADDRESS **7654 HILSDALE HARBOR COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
 NAME **Richard Overman**
 STREET ADDRESS **536 Coppitt Drive S**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **P** ☒ Delete
 NAME **BORDERS, GEORGE R**
 STREET ADDRESS **3182 OLD PORT CIRCLE E**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Radie Gata**
 STREET ADDRESS **10620 Hutchinson Blvd.**
 CITY-ST-ZIP **Panama City Beach, FL 32407**

TITLE **D** ☐ Delete
 NAME **JONES, CECIL S**
 STREET ADDRESS **1808 PINE ST.**
 CITY-ST-ZIP **MELBOURNE FL 32951**

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

TITLE **D** ☐ Delete
 NAME **CREASMAN, HERSEL**
 STREET ADDRESS **11131 NW 24TH STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE **D** ☒ Delete
 NAME **LOPEZ, MIGUEL A SR.**
 STREET ADDRESS **P O BOX 165324**
 CITY-ST-ZIP **MIAMI FL 33116-5324**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph D. Howell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D. Howell, Corp Secy 4/25/00 (904) 346-0325
 Date Daytime Phone #