## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # 706424** 03-27-2001 90027 021 \*\*\*\*61.25 SPRINGHILL BAPTIST CHURCH, INC. Mailing Address Principal Place of Business **BAPTIST CHURCH** BAPTIST CHURCH 3811 OLD NASSAUVILLE RD 3811 OLD NASSAUVILLE RD FERNANDINA BEACH FL 32034-9721 FERNANDINA BEACH FL 32034-9721 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2039130 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCINTYRE, ROBERT 220 OTTER RUN FERNANDINA BEACH FL 32034 City Zip Code tveubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named e March 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered types and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE PARKER, JIMMY NAME NAME STREET ADDRESS 20 SOUTH 20TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TR ☐ Delete TITLE ☐ Change ☐ Addition TITI E NAME MCINTYRE, ROBERT NAME STREET ADDRESS 220 OTTER RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL Change ☐ Addition TITLE Delete TITLE WORTHINGTON, JANIS L. NAME NAME STREET ADDRESS STREET ADDRESS 1554 ARBOR LN CITY-ST-7IP CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Change ☐ Addition Delete TITLE TITLE NAME GUEST, JOHN B NAME STREET ADDRESS 4184 RIVER MARSH BEND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

SIGNATURE: MONTH THE DE SENTED NAME OF SHOWS OFFICE OR DESCRIPTION 3/12/2001 904-241-474

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.

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