# 2001 UNIFORM BUSINESS REPORT (UBR) Amended

**DOCUMENT #** 715933

1. Entity Name

SANTA ROSA SHORES BAPTIST CHURCH, INC.

FILED

01 JUL 30 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3153 GULF BREEZE PKWY<br>GULF BREEZE FL 32563<br>US | P O BOX 40<br>GULF BREEZE FL 32562<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3153 GULF BREEZE PKWY | P O BOX 40 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| GULF BREEZE FL | GULF BREEZE FL |
| Zip: 32563 Country: SANTA ROSA | Zip: 32562-0040 Country: SANTA ROSA |

4. FEI Number: NOT APPLICABLE ☐ 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 |
|---|---|
| ERNEST E MURPHY<br>3610 EBB TIDE LANE<br>GULF BREEZE FL 32563 | Name: ELTON JENKINS<br>Street Address (P.O. Box Number is Not Acceptable): 1251 AINSWORTH DRIVE<br>City: GULF BREEZE FL **FL** Zip Code: 32563 |

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] ELTON JENKINS 7/24/01

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 SD<br>NAME PITMAN, PAULA<br>STREET ADDRESS 1402 EL SERENO PL<br>CITY-ST-ZIP GULF BREEZE FL 32563 ☐ Delete | TITLE PD<br>NAME JENKINS, ELTON<br>STREET ADDRESS 1251 AINSWORTH DRIVE<br>CITY-ST-ZIP GULF BREEZE FL 32563 ☒ Change ☐ Addition |
| ☐ Delete | ☐ Change ☐ Addition |
| TITLE PD<br>NAME DAVIS, ROBERT W<br>STREET ADDRESS 411 YORK STREET<br>CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete | TITLE VPD<br>NAME FLATEAU, KIM<br>STREET ADDRESS 1555 JOSEPH CIRCLE<br>CITY-ST-ZIP GULF BREEZE FL 32563 ☒ Change ☐ Addition |
| ☐ Delete | ☐ Change ☐ Addition<br>100004525161---7<br>-08/08/01-00096--003<br>*****61.25 *****61.25 |
| TITLE TD<br>NAME MURPHY, ERNEST E<br>STREET ADDRESS 3610 EBB TIDE LANE<br>CITY-ST-ZIP GULF BREEZE FL 32563 ☒ Delete | ☐ Change ☐ Addition |
| ☐ Delete | ☐ Change ☐ Addition |

CR2E037 (11/00)

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] ELTON JENKINS 7/24/01 850-934-4712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #