

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715933

1. Entity Name

SANTA ROSA SHORES BAPTIST CHURCH, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90063 035 ****61.25

Principal Place of Business
3153 GULF BREEZE PARKWAY
GULF BREEZE FL 32563
US

Mailing Address
P.O. BOX 40
GULF BREEZE FL 32562-0040
US

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

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

JENKINS, ELTON
1251 AINSWORTH DRIVE
GULF BREEZE FL 32563

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
NAME JENKINS, ELTON ☐ Delete
STREET ADDRESS 1251 AINSWORTH DRIVE
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE T/D
NAME PITMAN, PAULA ☐ Change ☒ Addition
STREET ADDRESS 1402 EL SERENO PLACE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE VPD
NAME FLATEAU, KIM ☐ Delete
STREET ADDRESS 1555 JOSEPH CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32563

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

TITLE TD
NAME MURPHY, ERNEST E ☒ Delete
STREET ADDRESS 3610 EBB TIDE LANE
CITY-ST-ZIP GULF BREEZE FL 32563

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)