

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

04-21-2003 91177 032 ****61.25

DOCUMENT # 715933

1. Entity Name

SANTA ROSA SHORES BAPTIST CHURCH, INC.



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

Mailing Address
**XXXXXX 3153 Gulf Breeze Pkwy.
PO BOX 40 GULF BREEZE FL XXXXXX 32563
US**

55039258



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: **V/D** ☐ Change ☒ Addition
NAME: **SHEEHAN, JEAN**
STREET ADDRESS: **2872 PGA Blvd.**
CITY-ST-ZIP: **GULF BREEZE, FL 32563**

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

TITLE: **T/D** ☐ Change ☒ Addition
NAME: **SHORES, THELMA**
STREET ADDRESS: **1109 NESTING DRIVE**
CITY-ST-ZIP: **GULF BREEZE, FL 32563**

TITLE: **TD** ☒ Delete
NAME: **PITMAN, PAULA**
STREET ADDRESS: **1402 EL SERENO PLACE**
CITY-ST-ZIP: **GULF BREEZE FL 32563**

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

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

TITLE: ☐ Change ☐ Addition
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NAME:
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/03

Daytime Phone #

CR2E037 (10/02)