

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732952

1. Entity Name

SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90035 020 ****61.25

Principal Place of Business

Mailing Address

3820 SHEPHERD ROAD
 MULBERRY FL 33860

PO BOX 1054
 MULBERRY FL 33860-1054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0113800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TURNER, JOHN W
 3811 FOXCRAFT COURT
 LAKELAND FL 33813

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

John W Turner
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/2000
 DATE

FILE NOW:
FEES ARE \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 D
 VEREEN, FRANK
 4618 HORTON RD
 PLANT CTY FL 33567

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 D
 TURNER, JOHN W
 3811 FOXCRAFT COURT
 LAKELAND FL 33813

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 D
 John W Turner
 2304 Magnolia Ave
 Lakeland Florida 33813

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 D
 ARMSTRONG, KENNY
 3363 EWELL ROAD
 LAKELAND, FL 00000 33811

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 D
 KENNY ARMSTRONG JR.
 115 CAREY PLACE
 LAKELAND FL. 33813

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:

Franklin Vereen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24-Jan-2000 813-737-1075
 Date Daytime Phone #