2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 13, 2001 8:00 am **Secretary of State** DOCUMENT # 732952 1. Entity Name 02-22-2001 90004 013 ****61.25 SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY, INC. Principal Place of Business Mailing Address PO BOX 1054 3820 SHEPHERD ROAD 30695 MULBERRY FL 33860 MULBERRY FL 33860 3. Mailing Address 2. Principal Place of Business Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Numbe 05-0113800 Not Applicable Country Country_ Zip_ \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mark Staley Street Address (P.O. Box Number is Not Acceptable) Yurner, John W MANK STALEY 381 NEOXORAFT COURT LAKELAMÓ FL 33813 700 Code 33860 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Added to Fees Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E037 (10/00 TITLE ☐ Delete TITLE Chance NAME VEREEN, FRANK NAME STREET ADDRESS STREET ADDRESS **4618 HORTON RD** CITY-ST-ZIP CITY-ST-ZIP PLANT CTY FL 33567 Addition TITLE Delete TITLE Change NAME NAME TURNER, JOHN W STREET ADORESS STREET ADDRESS 2304 MAGNOLIA AVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 D-☐ Change ☐ Addition TITLE TITLE NAME ARMSTRONG, KENNY NAME STREET ADDRESS STREET ADDRESS 115 CAREY PLACE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Delete TITLE ■ Addition IIILE ☐ Change Mark Staley NAME NAME 315 HEART LAND PLACE STREET ADDRESS STREET ADDRESS MULBERTY, FL 33860 CITY-ST-7IP CITY-ST-ZIP Tom Scott ☐ Delete TITLE Change ☐ Addition TITLE NAME 6316 LUNN RD NAME STREET ADDRESS STREET ADDRESS LAKELAND, R 33811 CITY-ST-ZIP CITY-ST-ZIP Collins ☐ Addition Delete TITLE Change TITLE NAME NAME 4440 Spurgeon Drive STREET ADDRESS STREET ADDRESS Mulbern FL 33860 CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 attactment with an address, with at other like empowered.

FILED

Daytime Phone #