

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90048 010 \*\*\*\*61.25

**DOCUMENT # 732952**

1. Entity Name

**SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY, INC.**

Principal Place of Business

Mailing Address

3820 SHEPHERD ROAD  
 MULBERRY FL 33860

PO BOX 1054  
 MULBERRY FL 33860

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

~~STALEY, MARK  
 315 HEARTLAND PLACE  
 MULBERRY FL 33860~~

Allen Balsley  
 2311 Deerbrooke Dr.  
 Lakeland FL 33811

Name Allen Balsley  
 Street Address (P.O. Box Number is Not Acceptable) 2311 Deerbrooke Dr.  
 City Lakeland, FL Zip Code 33811

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 Allen Balsley  
 Signature, typed or printed name of registered agent and title if applicable.

Allen Balsley  
 (NOTE: Registered Agent signature required when reinstating)

1-9-02  
 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	D	<input type="checkbox"/> Delete
NAME	VEREEN, FRANK	
STREET ADDRESS	4618 HORTON RD	
CITY-ST-ZIP	PLANT CTY FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, JOHN W	
STREET ADDRESS	2304 MAGNOLIA AVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STALEY, MARK	
STREET ADDRESS	315 HEART LAND PLACE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, TOM	
STREET ADDRESS	<del>6210 LUNN RD.</del> 6219 Shepherd Oaks Rd.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, GARY	
STREET ADDRESS	4440 SPURGEON DRIVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Allen Balsley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02  
 Date

646-6474  
 Daytime Phone #

CR2E037 (9/01)