

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90063 034 \*\*\*\*61.25

**DOCUMENT # 732952**

1. Entity Name  
**SHEPHERD ROAD BAPTIST CHURCH OF MULBERRY, INC.**



Principal Place of Business  
**3820 SHEPHERD ROAD  
MULBERRY FL 33860**

Mailing Address  
**PO BOX 1054  
MULBERRY FL 33860**



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 **05-0113800**

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

**BALSLEY, ALLEN  
2311 DEERBROOKE DR  
LAKELAND FL 33811**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-19-03*

**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  Delete  
NAME **D VEREEN, FRANK**  
STREET ADDRESS **4618 HORTON RD**  
CITY-ST-ZIP **PLANT CTY FL 33567**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SCOTT, TOM**  
STREET ADDRESS **SHEPARD OAKS RD**  
CITY-ST-ZIP **LAKELAND FL 33811**

Change  Addition  
TITLE  
NAME **Thomas Scott**  
STREET ADDRESS **6819 SHEPHERD OAKS RD**  
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE  Delete  
NAME **D COLLINS, GARY**  
STREET ADDRESS **4440 SPURGEON DRIVE**  
CITY-ST-ZIP **MULBERRY FL 33860**

Change  Addition  
TITLE  
NAME **Collins, Gary**  
STREET ADDRESS **123 Elm Court**  
CITY-ST-ZIP **Lakeland FL 33813**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)