

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90020 045 ****61.25

DOCUMENT # 762809

1. Entity Name

PLEASANT RIDGE BAPTIST CHURCH, INC.

Principal Place of Business

1015 PLEASANT ROAD
 DEFUNIAK SPRINGS FL-32433-
 US

Mailing Address

1015 PLEASANT RIDGE ROAD
 DEFUNIAK SPRINGS FL 32433-
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2338553

Applied For

Not Applicable

Zip

32435

Country

Zip

32435

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

THOMAS, RACHEL C
 627 PLEASANT RIDGE RD
 DEFUNIAK SPRINGS FL 32433

Name

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

City

FL

Zip Code

32435

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTR ☐ Delete
 NAME SMITH, JAMES KEVIN
 STREET ADDRESS 101 W SLOSS AVE
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

TITLE TTR ☐ Delete
 NAME CRIM, BETTY N
 STREET ADDRESS 2598 BOB SIKES RD
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32435**

TITLE STR ☐ Delete
 NAME THOMAS, RACHEL C
 STREET ADDRESS 627 PLEASANT RIDGE RD
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32435**

TITLE VTR ☐ Delete
 NAME MITCHEM, JODY
 STREET ADDRESS 12 MITCHEM RD
 CITY-ST-ZIP DUNFIAK SPRINGS FL 32433

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 March 01

Date

892-3500

Daytime Phone #

CR2E037 (10/00)