

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90205 009 ****61.25

DOCUMENT # 763074

1. Entity Name

MURDOCK BAPTIST CHURCH, INC.



Principal Place of Business

**18375 TOLEDO BLADE BLVD
PORT CHARLOTTE FL 33948**

Mailing Address

**P.O. BOX 0484
MURDOCK FL 33938
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2147569**

Applied For

Not Applicable

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

**THOMPSON, DIANE C
889 RIVIERA LANE
PORT CHARLOTTE FL 33948**

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 *DIANE C THOMPSON*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8 Jan 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 **TR VERNON, IVOR**
STREET ADDRESS **3205 PELLAM BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Change ☒ Addition
NAME **TR Randy Spence**
STREET ADDRESS **4144 Nettle Road**
CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE ☐ Delete
NAME **TR BLESSING, JACK**
STREET ADDRESS **18416 YARBROUGH AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☒ Delete
NAME **TR BYRD, CARROLL**
STREET ADDRESS **341 CAPATOLA STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Change ☒ Addition
NAME **TR "Doc" Rucker**
STREET ADDRESS **3073 Lockwood Street**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE ☐ Delete
NAME **T THOMPSON, DIANE C**
STREET ADDRESS **889 RIVIERA LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete
NAME **C BYRD, GIOVANNA**
STREET ADDRESS **341 CAPATOLA STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete
NAME **TR MILLS, DOROTHY**
STREET ADDRESS **23233 HEMENWAY**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980-5812**

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 another line empowered.

SIGNATURE: *DIANE C THOMPSON*

8 Jan 03 711-627-6352

CR2E037 (10/02)