## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 846343 Mar 22, 2000 8:00 am Secretary of State LIFEWAY CHRISTIAN RESOURCES OF THE SOUTHERN BAPT 03-22-2000 90023 007 \*\*\*\*61.25 Principal Place of Business Mailing Address 127 NINTH AVE. N. 127 NINTH AVE. N. NASHVILLE TN 37234 NASHVILLE TN 37234-0001 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-0505208 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICHARDSON, WAYNE REGENCY PARK SHOPPING CENTER 9400 ATLANTIC BLVD City Zip Code JACKSONVILLE FL 32225 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 <u>:</u>.. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME DRAPER, JAMES T., JR. STREET ADDRESS STREET ADDRESS 5606 GRANNY WHITE CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME CARTER, JIMMIE B STREET ADDRESS STREET ADDRESS 108 TUDOR CT. CITY-ST-7IP CITY-ST-ZIP FRANKLIN TN 37067 ☐ Change ■ Addition ☐ Delete TITLE TITLE FINNEY, NORMAN W. NAME --NAME STREET ADDRESS 1721 DICKERSON BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GALLATIN TN** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME ADAMS, JEAN R STREET ADDRESS STREET ADDRESS See attached list 6004 41ST AVE. CITY-ST-ZIP CITY-ST-ZIP HYATTSVILLEE MD 20782-3058 TITLE ☐ Delete TITI F Change ☐ Addition NAME DE ARMS, RAFAEL STREET ADDRESS STREET ADDRESS 1309 E. ROBINSON CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Delete TITLE ☐ Change Addition TITLE BAKER, MICHELLE NAME NAME STREET ADDRESS STREET ADDRESS 1740 S WATER CITY-ST-7/P CITY-ST-7IP WICHITA KS 67213

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 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 Corporate Secretary

SIGNING OFFICER OR DIRECTOR

## 1999-2000

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