

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90355 043 ****61.25

DOCUMENT # 846343

1. Entity Name

LIFEWAY CHRISTIAN RESOURCES OF THE SOUTHERN BAPTIST CONVENTION, INC.

Principal Place of Business

127 NINTH AVE. N.
 NASHVILLE TN 37234

Mailing Address

127 NINTH AVE. N.
 NASHVILLE TN 37234

2. Principal Place of Business

One LifeWay Plaza

Suite, Apt. #, etc.

3. Mailing Address

One LifeWay Plaza

Suite, Apt. #, etc.

City & State

Nashville, TN

Zip

37234

Country

USA

City & State

Nashville, TN

Zip

37234

Country

USA

4. FEI Number

62-0505208

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

RICHARDSON, WAYNE
REGENCY PARK SHOPPING CENTER
9400 ATLANTIC BLVD
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Numbers 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.

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	P	<input type="checkbox"/> Delete
NAME	DRAPER, JAMES T., JR.	
STREET ADDRESS	5606 GRANNY WHITE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, JIMMIE B	
STREET ADDRESS	108 TUDOR CT.	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINNEY, NORMAN W.	
STREET ADDRESS	1721 DICKERSON BAY DRIVE	
CITY-ST-ZIP	GALLATIN TN	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARFIELD, LYNDIA	
STREET ADDRESS	118 TANGLEWOOD DRIVE	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE ARMS, RAFAEL	
STREET ADDRESS	1309 E. ROBINSON	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, DOROTHY	
STREET ADDRESS	602 E. LINCOLN	
CITY-ST-ZIP	MORTON TX 79346	

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark H. Ballard	
STREET ADDRESS	7A Hall Road	
CITY-ST-ZIP	Londonberry, NH 03053	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald C. Barber	
STREET ADDRESS	3902 Shipyard Blvd.	
CITY-ST-ZIP	Wilmington, NC 28403	
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:

Norman W. Finney
Norman W. Finney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE