

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90403 003 ****61.25

DOCUMENT # NO1000008808

1. Entity Name

SHADY SEA MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

**4146 SPRING CREEK RD.
 CRAWFORDVILLE FL 32326**

Mailing Address

**PO BOX 645
 CRAWFORDVILLE FL 32326**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0531022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BERCAW, SONDRIO R.
 4133 SPRING CREEK RD.
 PO BOX 784
 CRAWFORDVILLE FL 32326**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Sondrio R. Bercau

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

(NOTE: Registered Agent signature required when reinstating)

April 15, 2002

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

TITLE **PT** ☐ Delete
 NAME **GILBERT, HARLEY**
 STREET ADDRESS **262 EMERALD ACRES DR.**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **VT** ☐ Delete
 NAME **BROWN, ALASKA**
 STREET ADDRESS **152 ALASKA BROWN RD.**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **ST** ☐ Delete
 NAME **GRAY, JEAN**
 STREET ADDRESS **4146 SPRING CREEK RD.**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
 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:

Jean Gray
REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15/02 926-6068

Date

Phone Number

CR2E037 (9/01)

0001071