2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State
05-17-2001 91344 039 ****61.25

DOCUMENT # N16362

1. Entity Name

ELIM BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
RT. 2 BOX 560 FT. WHITE FL 32038	P O BOX 448 FT. WHITE FL 32038 US

(LA)

[redacted]

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
WILSON, RUSSELL RT 4 BOX 5190 FT WHITE FL 32038	Name: J. Willie Martin Street Address (P.O. Box Number is Not Acceptable): Route 3, Box 5707 City: Fort White, FL 32038 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: J. W. Martin J. Willie Martin 4-30-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, ED P O BOX 708 N/A FT. WHITE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J. Willie Martin Route 3, Box 5707 Fort White, FL 32038	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, RUSSELL RT 4 BOX 5190 FT. WHITE FL 32038	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R. C. Croft Route 2, Box 835 High Springs, FL 32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAWKINS, GWENDOLYN RT. 2 BOX 5225 FT. WHITE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PORTER, ANNIE L. RT. 2 BOX 4960 FT. WHITE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roy Wilson Route 4, Box 5195 Fort White, FL 32038	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: J. W. Martin **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — J. Willie Martin — 4-30-01 Date — 904 497 4141 Daytime Phone #