

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90007 038 ****61.25

DOCUMENT # N30113

1. Entity Name

CORAL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

~~C/O ADDISON MARROW~~
201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33071-7323

~~C/O ADDISON MARROW~~
201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33071-7323

2. Principal Place of Business

C/O JAMES EVANS
Suite, Apt. #, etc.

3. Mailing Address

C/O JAMES EVANS
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2441363

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ALBRIGHT, TOM~~
201 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33075-9788

7. Name and Address of New Registered Agent

Name *JAMES EVANS*
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: *James R. Evans* *JAMES R. EVANS, ADMINISTRATOR* *4/3/01*
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

TITLE	V	<input type="checkbox"/> Delete
NAME	PIPKIN, J. THOMAS	
STREET ADDRESS	2600 N.W. 112TH AVENUE	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOINES, ERNESTINE	
STREET ADDRESS	3575 BROKEN WOODS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, LEWIS	
STREET ADDRESS	2968 NW 103RD LANE	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYE, JIM	
STREET ADDRESS	3000 NW 107TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEISHER, WAYNE	
STREET ADDRESS	1700 RIVERWOOD LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, DAVID	
STREET ADDRESS	5641 ATLANTA	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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: *DAVID HUGHES* *4/3/01* *755-7767*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0038943

CR2E037 (10/00)