## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N34810 FILED May 03, 2000 8:00 am 1. Entity Name Secretary of State BLACK POND BAPTIST CHURCH, INC. 05-03-2000 90018 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 3644 OLD JENNINGS RD 3644 OLD JENNINGS RD MIDDLEBURG FL 32068 MIDDLEBURG FL 32068-3734 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-1903774 Not Applicable Country \$8.75 Additional Zip Country 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) WALSINGHAM, DONALD 4007 MUSTANG RD MIDDLEBURG FL 32068 Zip Code City 52、多点手物差 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. and the state of the state of SIGNATURE' DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10 DS ☐ Delete ☐ Addition TITLE TITLE SILCOX, E W Silcox, EW NAME NAME 1333 Starling Road 1333 STARLING RD STREET ADDRESS STREET ADDRESS MIDDLEBURG FL Middleburg FL 32068 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE Walsingham, Donald E. Walsingham, Donald NAME NAME 4007 MUSTANG RD STREET ADDRESS 4007 Mustang Road Middleburg FL 32008 STREET ADDRESS MIDDLEBURG FL CITY-ST-7IP CITY-ST-ZIP □ Change Williamson, H.C. Addition ☐ Delete TITLE TITLE CONAWAY, JIM 3813 Old Jennings Road NAME NAME 5642 MAVERICK RD STREET ADDRESS STREET ADDRESS Middleburg FL 32068 MIDDLEBURG FL 33068 CITY-ST-7IP CITY-ST-ZIP Change (Addition Starling, Darid Junior ☐ Delete TITLE PADGETT, MARCUS NAME 3850 C R 220 512 Branscomb Road STREET ADDRESS STREET ADDRESS MIDDLEBURG FL CITY-ST-7IP Green Cove Springs FL CITY-ST-ZIP 32043 Change Change ☐ Addition TITLE Delete GREEN, MARK Green, Mark 2789 Black Creek Drive NAME NAME 2789 BLACK CREEK DR. STREET ADDRESS STREET ADDRESS MIDDLEBURG FL Middleburg FL 32068 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE LIVINGSTON, JAMES NAME NAME 999 OAK LANE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP 12. Thereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #