

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**DOCUMENT # N93000004896**

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90078 039 \*\*\*\*61.25

1. Entity Name

**SAINT PETER BAPTIST CHURCH INC.**

Principal Place of Business

Mailing Address

5717 SE 152ND ST.  
 GROVE PARK FL 32640

P.O. BOX 791  
 HAWTHORNE FL 32640-0791

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

**59-3207858**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, LEE A**  
**ROUTE 3, BOX 239**  
**HAWTHORNE FL 32640**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Lee A Johnson* 4-8-2000

**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          | DC                       | <input type="checkbox"/> Delete            |
| NAME           | JOHNSON, LEE A (D)       |  |
| STREET ADDRESS | 5130 SE 152ND ST         |  |
| CITY-ST-ZIP    | HAWTHORNE FL 32640       |  |
| TITLE          | FD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | BROWN, KENNITH           |  |
| STREET ADDRESS | 109 TURPENTINE DR        |  |
| CITY-ST-ZIP    | HAWTHORNE FL 32640-1482  |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BROWAN, JULIA L          |  |
| STREET ADDRESS | SE 9TH PL                |  |
| CITY-ST-ZIP    | GROVE PARK FL 32640      |  |
| TITLE          | Deacon (T)               | <input type="checkbox"/> Delete            |
| NAME           | Alton Jenkins            |  |
| STREET ADDRESS | 111625 N.E. 76th Pl      |  |
| CITY-ST-ZIP    | Orange Heights, FL 32640 |  |
| TITLE          | Clerk (T)                | <input type="checkbox"/> Delete            |
| NAME           | Sarah Graham             |  |
| STREET ADDRESS | 6720 S.E. 156th Terr.    |  |
| CITY-ST-ZIP    | Hawthorne, FL 32640      |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| 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(5)(b), 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 REQUIRED**

*Lee A Johnson* 350-481-4621  
 Date 4-8-2000 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)