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FILED  
Jun 19, 2001 8:00 am  
Secretary of State

04-03-2001 90072 039 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004896

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

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

6. Name and Address of Current Registered Agent

JOHNSON, LEE A  
ROUTE 3, BOX 239  
HAWTHORNE FL 32840

7. Name and Address of New Registered Agent

Name: Elder Elisha Brown DC  
Street Address (P.O. Box Number is Not Acceptable)  
2115 W. 6th Ave  
City: Gainesville FL Zip Code: 32601

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: *Elisha Brown* 5-6-01 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$81.25

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 NAME: JOHNSON, LEE A STREET ADDRESS: 5130 SE 152ND ST CITY-ST-ZIP: HAWTHORNE FL 32640	<input checked="" type="checkbox"/> Delete	TITLE: DC NAME: Elisha Brown STREET ADDRESS: 2115 W. 6th Ave CITY-ST-ZIP: Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: FD NAME: BROWN, KENNETH STREET ADDRESS: 109 TURPENTINE DR CITY-ST-ZIP: HAWTHORNE FL 32840-1482	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: John Henry Ivey STREET ADDRESS: 7110 S.E. 174th Terr CITY-ST-ZIP: Hawthorne, FL 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BROWN, JULIA L STREET ADDRESS: SE 9TH PL CITY-ST-ZIP: GROVE PARK FL 32840	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JENKINS, ALTON STREET ADDRESS: 11625 NE 78TH PL CITY-ST-ZIP: ORANGE HEIGHTS FL 32640	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: GRAHAM, SARAH STREET ADDRESS: 6720 SE 156TH TERR CITY-ST-ZIP: HAWTHORNE FL 32840	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

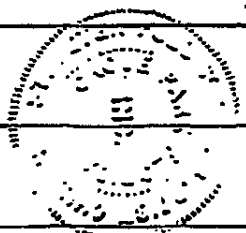
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 fees empowered.

SIGNATURE: *Dennis [Signature]* 04-25-01 DATE

Signature and typed or printed name of signing officer or director



DO NOT WRITE IN THIS SPACE



CR2001 (10/00)