

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002901**

1. Entity Name

KENDRICK BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**3020 NW 62 AVE
OCALA FL 34475****3020 NW 62 ST
OCALA FL 34475
US**

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 **65-0506015**

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**NESMITH, NAN B
7385 SW 5TH AVENUE
OCALA FL 34476**

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

**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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			☐					☐	☐
	DOWNING, DAVID B									
	3020 NW 62ND ST									
	OCALA FL 34475									
	D			☐					☐	☐
	NESMITH, NAN B									
	7835 SW 5TH AVE									
	OCALA FL 34476									
	D			☐					☐	☐
	CROY, GERRI									
	831 NE 45TH PLACE									
	OCALA FL 34479									
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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:

Nan B. NeSmith **Nan B. NeSmith** **4/19/01** **352-237-2017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0076896

CR2E037 (10/00)