

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90143 015 ****61.25

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1. Entity Name

GREATER PINEY GROVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

112 HUEY ST.
 WILDWOOD FL 34785

112 HUEY ST.
 WILDWOOD FL 34785

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

59-2240974

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

BIVINS, PAMALA K
604 EVANS ST
WILDWOOD FL 34785

Name **REV. ARTHUR J. CHANDLER**

Street Address (P.O. Box Number Not Acceptable)
112 HUEY STREET

City **Wildwood,** FL Zip Code **34785**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Arthur J. Chandler

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

(NOTE: Registered Agent signature required when reinstating)

7-14-2002

DATE

After September 13, 2002,
min. will be \$236.25.

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	DP CHANDLER, ARTHUR J	<input type="checkbox"/> Delete
STREET ADDRESS	17475 N.W. 100TH AVE.	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE NAME	DT GRAY, IVORY	<input type="checkbox"/> Delete
STREET ADDRESS	10594 CR 229	
CITY-ST-ZIP	OXFORD FL	
TITLE NAME	D BROOKS, NELSON J	<input type="checkbox"/> Delete
STREET ADDRESS	607 MILL ST	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE NAME	D TIMMONS, JR. ALBERTIS	<input type="checkbox"/> Delete
STREET ADDRESS	300 TERRY ST	
CITY-ST-ZIP	WILDWOOD FL	
TITLE NAME	D MOSLEY, SHARON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	477 EAST C-462	
CITY-ST-ZIP	WILDWOOD FL	
TITLE NAME	D HARRISON, ANNIE L.	<input type="checkbox"/> Delete
STREET ADDRESS	607 LAWRENCE STREET	
CITY-ST-ZIP	WILDWOOD FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D DIONA Y. LEWIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16 WATER COURSE	
CITY-ST-ZIP	OCALA, FLA. 34472	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Arthur J. Chandler* **Rev. Arthur J. Chandler** **7-14-2002**
352-748-1195

CR2E037 (4/02)