

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90066 004 \*\*\*\*61.25

**DOCUMENT # N00000004818**

1. Entity Name  
**SOUTH SANTA ROSA INTERFAITH MINISTRIES, INC.**



Principal Place of Business

**75 FAIRPOINT DRIVE  
GULF BREEZE FL 32561**

Mailing Address

**75 FAIRPOINT DRIVE  
GULF BREEZE FL 32561**

2. Principal Place of Business

**4339 Gulf Breeze Pkwy**

Suite, Apt. #, etc.

3. Mailing Address

**4339 Gulf Breeze Pkwy**

Suite, Apt. #, etc.

City & State

**Gulf Breeze, FL**

City & State

**Gulf Breeze, FL**

Zip

**32563**

Country

**USA**

Zip

**32563**

Country

**USA**

4. FEI Number **59-3690750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHARRON, TOM  
75 FAIRPOINT DRIVE  
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Tom Sharron*

**Tom Sharron**

**4/16/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D/P** ☐ Delete  
NAME **BLACKLAW, JERRY DR.**  
STREET ADDRESS **POST OFFICE BOX 130**  
CITY-ST-ZIP **GULF BREEZE FL 32562**

TITLE **D** ☐ Delete  
NAME **RANDLE, CHARLES E DR.**  
STREET ADDRESS **VIA DE LUNA AT AVENIDA 18**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **DST** ☐ Delete  
NAME **SHARRON, TOM**  
STREET ADDRESS **POST OFFICE BOX 973**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Delete  
NAME **HUNT, LUKE**  
STREET ADDRESS **POST OFFICE BOX 1057**  
CITY-ST-ZIP **GULF BREEZE FL 32562**

TITLE **D** ☒ Delete  
NAME **DICRISTINA, MARK REV.**  
STREET ADDRESS **POST OFFICE BOX 547**  
CITY-ST-ZIP **GULF BREEZE FL 32562**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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(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:

*Tom Sharron* **REQUIT Tom Sharron**

**4/16/03 (850) 916-1660**

CR2E037 (10/02)