

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701112

1. Entity Name

SUNRISE BOULEVARD BAPTIST CHURCH, INC.

Principal Place of Business

4910 SUNRISE BLVD
FT PIERCE FL 34982-1155

Mailing Address

4910 SUNRISE BLVD
FT PIERCE FL 34982-1155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2171977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLTON, REV. T L SR
910 BUCKEYE DR
FT. PIERCE FL 34982

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.

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

TITLE V ☐ Delete
NAME PRESSLEY, DONALD L
STREET ADDRESS 602 N.E. HELICON
CITY-ST-ZIP PT ST LUCIE FL 34983

TITLE D ☐ Delete
NAME OSTEEN, ERNEST
STREET ADDRESS 4812 BUCHANAN DR
CITY-ST-ZIP FT PIERCE FL 34982

TITLE S ☐ Delete
NAME WRIGHT, WANITA
STREET ADDRESS 511 SOUTH 11TH STREET
CITY-ST-ZIP FORT PIERCE FL

TITLE D ☐ Delete
NAME RICE, BERT
STREET ADDRESS 1824 S 23RD ST
CITY-ST-ZIP FT PIERCE FL 34947

TITLE P ☐ Delete
NAME HOLTON, T. L., SR.
STREET ADDRESS 910 BUCKEYE DRIVE
CITY-ST-ZIP FT. PIERCE FL

TITLE D ☐ Delete
NAME HUMPHREY, ROBERT K
STREET ADDRESS 358 NOTLEM DR
CITY-ST-ZIP FT PIERCE FL 34982

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

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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

(561) 464-2062

Date

Daytime Phone #

CR2E037 (9/99)