

2001 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	PRESSLEY, DONALD L	
STREET ADDRESS	602 N.E. HELICON	
CITY-ST-ZIP	PT ST LUCIE FL 34983	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	OSTEEN, ERNEST	
STREET ADDRESS	4812 BUCHANAN DR	
CITY-ST-ZIP	FT PIERCE FL 34982	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, WANITA	
STREET ADDRESS	511 SOUTH 11TH STREET	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, BERT	
STREET ADDRESS	1824 S 23RD ST	
CITY-ST-ZIP	FT PIERCE FL 34947	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLTON, T. L., SR.	
STREET ADDRESS	910 BUCKEYE DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HUMPHREY, ROBERT K	
STREET ADDRESS	358 NOTLEM DR	
CITY-ST-ZIP	FT PIERCE FL 34982	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

(561)464-2062

Date

Daytime Phone #

CR2E037 (10/00)

0083715