

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2002 8:00 am**
Secretary of State

05-15-2002 90171 037 ****61.25

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

4. FEI Number

59-2171977

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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** ☐ Delete
NAME **PRESSLEY, DONALD L**
STREET ADDRESS **602 N.E. HELICON**
CITY-ST-ZIP **PT ST LUCIE FL 34983**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **OSTEEN, ERNEST**
STREET ADDRESS **4812 BUCHANAN DR**
CITY-ST-ZIP **FT PIERCE FL-34982**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **WRIGHT, WANITA**
STREET ADDRESS **511 SOUTH 11TH STREET**
CITY-ST-ZIP **FORT PIERCE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RICE, BERT**
STREET ADDRESS **1824 S 23RD ST**
CITY-ST-ZIP **FT PIERCE FL 34947**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **HOLTON, T. L., SR.**
STREET ADDRESS **910 BUCKEYE DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HUMPHREY, ROBERT K**
STREET ADDRESS **358 NOTLEM DR**
CITY-ST-ZIP **FT PIERCE FL 34982**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: *Rev. T. L. Holton, Sr.* **Rev. T. L. Holton, Sr****4-25-2002 (772)464-2062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)