

2001 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 18, 2001 8:00 am
Secretary of State

04-19-2001 90080 047 ****61.25

DOCUMENT # 701803

1. Entity Name

CAROL ESTATES BAPTIST CHURCH INC

Principal Place of Business

2020 N E 15TH STREET
 GAINESVILLE FL 32609

Mailing Address

2020 N E 15TH STREET
 GAINESVILLE FL 32609

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

59-6032860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRUNSON, DOROTHY
 1007 NE 7TH AVE
 GAINESVILLE FL 32601

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

Dorothy W. Brunson

Signature, typed or printed name of registered agent and use 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 ☐ Delete
 NAME D
 STREET ADDRESS HENLEY, DONALD
 CITY-ST-ZIP 2832 NE 10TH DRIVE
 GAINESVILLE FL 32609

TITLE ☐ Delete
 NAME D
 STREET ADDRESS COWART, JAMES
 CITY-ST-ZIP 4821 NW 32TH PL
 GAINESVILLE FL 32606

TITLE ☐ Delete
 NAME T
 STREET ADDRESS BRUNSON, DOROTHY
 CITY-ST-ZIP 1007 NE 7TH AVE
 GAINESVILLE FL 32601

TITLE ☐ Delete
 NAME P
 STREET ADDRESS DEBUSK, LESTER R
 CITY-ST-ZIP PO BOX 776
 WALDO FL 32694

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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)(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 REQUIRED

Dorothy W. Brunson DOROTHY W. BRUNSON
 5-6-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)