

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90114 016 \*\*\*\*61.25

**DOCUMENT # 701803**

1. Entity Name

**CAROL ESTATES BAPTIST CHURCH INC**

Principal Place of Business

Mailing Address

**2020 N E 15TH STREET  
GAINESVILLE FL 32609****2020 N E 15TH STREET  
GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

**BRUNSON, DOROTHY  
1007 NE 7TH AVE  
GAINESVILLE FL 32601**

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 **D** ☐ Delete  
NAME **HENLEY, DONALD**  
STREET ADDRESS **2832 NE 10TH DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **COWART, JAMES**  
STREET ADDRESS **4621 NW 32TH PL**  
CITY-ST-ZIP **GAINESVILLE FL 32606**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **BRUNSON, DOROTHY**  
STREET ADDRESS **1007 NE 7TH AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **DEBUSK, LESTER R**  
STREET ADDRESS **PO BOX 776**  
CITY-ST-ZIP **WALDO FL 32694**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **Dorothy Brunson** **DOROTHY BRUNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-02 352-312-9551**  
Date Daytime Phone # **EXT 230**

CR2E037 (9/01)