

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702261

1. Entity Name

SANTA CLARA BAPTIST CHURCH, INCORPORATED

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90020 041 ****61.25

Principal Place of Business

841 EAST JEFFERSON STREET
QUINCY FL 32351

Mailing Address

841 EAST JEFFERSON STREET
QUINCY FL 32351

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 59-1700209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, R D
1912 W FRANKLIN
QUINCY FL 32351

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 PD
NAME EDWARDS, R D
STREET ADDRESS 1912 WEST FRANKLIN ST
CITY-ST-ZIP QUINCY FL ☐ Delete

TITLE D
NAME ROBERTS, OTTO
STREET ADDRESS 1250 OLD BAINBRIDGE HWY
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE D
NAME SMITH, JAMES M.
STREET ADDRESS 3430 SHADE FARM RD
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE S
NAME WELLS, LIZZIE L
STREET ADDRESS 392 WOODWARD RD
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *R D Edwards* D. Edwards, PD 2/4/2002 850/627-8816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)