

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 702951**

1. Entity Name

**IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90051 018 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

4187 HWY 90  
PACE FL 32571  
US4187 HWY 90  
PACE FL 32571  
US

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

**NOT APPLICABLE**

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

**HORN, RAY**  
**2760 TUNNEL RD**  
**PACE FL 32571**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	HORN, RAY	2760 TUNNEL ROAD	PACE FL				
ST	OTIS, BEN	4960 CREEKSIDE LANE	MILTON FL 32570				
T	BARROW, DAVID	5683 TWIN CREEK CIRCLE	PACE FL				
PT	MESSER, FRANK	268 ROLLING ACRES RD	PACE FL			5863 Shimmering Pines Road	
T	BROOKS, BILL	5418 HOLLOW OAK LANE	PACE FL				
T	JOHNSON, DAVID	4669 GREG AVE	PACE FL				

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

Date

Daytime Phone #

CR2E037 (10/00)