

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90120 028 ****61.25

DOCUMENT # 702951

1. Entity Name

IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.

Principal Place of Business

4187 HWY 90
PACE FL 32571
US

Mailing Address

4187 HWY 90
PACE FL 32571
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

HORN, RAY
2760 TUNNEL RD
PACE FL 32571

7. Name and Address of New Registered Agent

Name

Robert Granger

Street Address (P.O. Box Number is Not Acceptable)

5569 Oakmont Drive

City

Pace**FL**

Zip Code

32571

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

2/20/02**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
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HORN, RAY
2760 TUNNEL ROAD
PACE FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
OTIS, BEN
4960 CREEKSIDE LANE
MILTON FL 32570 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BARROW, DAVID
5683 TWIN CREEK CIRCLE
PACE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MESSER, FRANK
5863 SHIMMERING PINES ROAD
PACE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BROOKS, BILL
5418 HOLLOW OAK LANE
PACE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOHNSON, DAVID
4669 GREG AVE
PACE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert Granger
5569 Oakmont Drive
Pace FL 32571 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/02 850-479-9610

CR2E037 (9/01)