

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703066

1. Entity Name

THE LEMON HEIGHTS BAPTIST CHURCH OF PALATKA, FL

Principal Place of Business

2400 ST JOHNS AVE
PALATKA FL 32177

Mailing Address

2400 ST JOHNS AVE
PALATKA FLA 32177

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RICHARDSON, NYTA
2204 PROSPER ST
PALATKA FL 32177

4. FEI Number

59-0991621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 D ☐ Delete
NAME SWEAT, HOMER
STREET ADDRESS RT 3 BOX 359
CITY-ST-ZIP E PALATKA FL

TITLE S ☐ Delete
NAME RICHARDSON, NYTA
STREET ADDRESS 2204 PROSPER STREET
CITY-ST-ZIP PALATKA FL

TITLE D ☐ Delete
NAME WARD, DAN
STREET ADDRESS RT 4 BOX 14
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ Delete
NAME JONES, THOMAS B
STREET ADDRESS 300 BELMONT DR
CITY-ST-ZIP PALATKA FL

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
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Nyta Richardson

REQUIRED

Nyta Richardson

Date

2-19-01

904-328-4426

Daytime Phone #

CR2E037 (10/00)