

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90005 002 ****61.25

DOCUMENT # 706320

1. Entity Name

SPRINGHEAD BAPTIST CHURCH INC

Principal Place of Business

Mailing Address

**3106 S. WIGGINS RD.
PLANT CITY FL 33566****3106 S. WIGGINS RD.
PLANT CITY FL 33566**

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

59-0970776

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

**GRESHAM, JANICE
3401 E. MIDWAY RD.
PLANT CITY FL 33566**

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	<input checked="" type="checkbox"/> Delete
NAME	MCDOWELL, WAYNE	
STREET ADDRESS	3106 S. WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	PADGETT, WILLIAM B	
STREET ADDRESS	3106 S. WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, LARRY	
STREET ADDRESS	3106 S. WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	C	<input type="checkbox"/> Delete
NAME	THORNTON, KEN	
STREET ADDRESS	3106 S. WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33866	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, DAVID	
STREET ADDRESS	3106 S. WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, VANNIS	
STREET ADDRESS	3106 S. WIGGINS RD	
CITY-ST-ZIP	PLANT CITY, FL 33566	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

KEN THORNTON — 01/08/2001 863-648-4365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)