

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90116 038 ****66.25

DOCUMENT # 708933

1. Entity Name

PLYMOUTH BAPTIST CHURCH, INC.

Principal Place of Business

**W. HIGHWAY 424
P.O. BOX 476
PLYMOUTH FL 32768-0476**

Mailing Address

**W. HIGHWAY 424
P.O. BOX 476
PLYMOUTH FL 32768-0476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLEYHORN, JAMES D
P. O. BOX 98
LAKE ANNIE DRIVE #425
PLYMOUTH FL 32768**

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 **P** ☐ Delete
NAME **HARPER, L G**
STREET ADDRESS **2335 CROAT ST**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE **D** ☐ Change ☒ Addition
NAME **Terrell New**
STREET ADDRESS **P.O. Box 208**
CITY-ST-ZIP **Tangerine, FL 32777**

TITLE **VT** ☐ Delete
NAME **CLEGHORN, JAMES D.**
STREET ADDRESS **LAKE ANNIE DR. #425**
CITY-ST-ZIP **PLYMOUTH FL**

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

TITLE **S** ☐ Delete
NAME **CLEGHORN, LILLIAN**
STREET ADDRESS **P.O. BOX 98 N/A**
CITY-ST-ZIP **PLYMOUTH FL**

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

TITLE **D** ☒ Delete
NAME **MALCOLM, JAMES D.**
STREET ADDRESS **1439 E. ABIGAIL DRIVE**
CITY-ST-ZIP **APOPKA FL**

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

TITLE **D** ☐ Delete
NAME **HARPER, TOMMY**
STREET ADDRESS **P.O. BOX 162 N/A**
CITY-ST-ZIP **PLYMOUTH FL**

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

TITLE **DT** ☐ Delete
NAME **BROWN, RANDY**
STREET ADDRESS **453 KEE ST**
CITY-ST-ZIP **APOPKA FL 32712**

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: **James D. Cleghorn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-01 407/886-1966
Date Daytime Phone #

CR2E037 (10/00)