## FILED Aug 31, 2001 8:00 am

DOCUMENT # 710239  1. Entity Name						Secretary of State				٤
SHERW	vood park baptist chur	CH, INC.					8-31-2001 9011			
Principal Place of Business Mailing Address  2676 POST ROAD  EAU GALLIE FL 32935  EAU GALLIE FL 32935					(IA)	0.0000100				
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2. Principal f	Place of Business	3. Mailing Addre		Pro of a first						•
Suite, Apt	t. #, etc.	Suite, Apt. #	, etc.				DO NOT WRITE IN	THIS SPACE		
City & Sta	ite	City & State				4. FEI Number	59-1773146	ļ <b>ļ</b>	oplied For	]
Zip	Country	Zip		Country		5. Certificate of S	Status Desired	¢0.75 A.	ditional	
	6. Name and Address of Curren	t Registered Agent				7. Name and Ad	dress of New Regis			]
	<i>b</i>	<del></del>	-	Name	- ^ -	سيودين سؤديي	and the same of th	'		
COOPER	R,ĴOHNY H IAR TUCK LANE			Street Ac	ddress (P.	O. Box Number is	Not Acceptable)			1
EAU GAL	LIE FL 32935									
				City				FL Zip Cod	6	
8. The above	e named entity submits this statement	for the purpose of cha	anging its regi	stered office or	registere	d agent, or both, in	the state of Florida.			ĺ
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01041471105										
SIGNATURE		nt and title if annlingble	(NOTE: Pool	intered Apont signatur	ra ramiliad	han minututin m		DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Regi	istered Agent signatu	re required w	hen reinstating)	1	DATE		
i		9. Ele	(NOTE: Regi	gn Financing		55.00 May Be added to Fees	Make C	Check Payable rtment of State		
i	FILE NOW: FEE IS \$61.25 tember 12, 2001, min. will be \$	9. Ele 236.25	ection Campaiç est Fund Contr	gn Financing		\$5.00 May Be added to Fees	Make C	Check Payable rtment of State	)	
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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 the empowered.

SIGNATURE:

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)