

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710239

1. Entity Name

SHERWOOD PARK BAPTIST CHURCH, INC.

Principal Place of Business

2676 POST ROAD  
EAU GALLIE FL 32935

Mailing Address

2676 POST ROAD  
EAU GALLIE FL 32935

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1773146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, JOHNY H  
4067 FRIAR TUCK LANE  
EAU GALLIE FL 32935

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  
After September 12, 2001, min. will be \$236.25

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 PD  
NAME MERRY, THOMAS  
STREET ADDRESS 1971 NICKLAUS DRIVE  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE SD  
NAME COTTRILL, TERRIE  
STREET ADDRESS 2480 WARWICK  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE VD  
NAME CHOATE, SABERT  
STREET ADDRESS 2569 HEREFORD  
CITY-ST-ZIP MELBOURNE, FL 00000 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VD  
NAME Armstrong, Lester  
STREET ADDRESS 2202 King Richard Dr  
CITY-ST-ZIP Melbourne, FL 32935 ☐ Change ☒ Addition

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

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

TITLE  
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 life empowered.

SIGNATURE:

*Terrie Cottrill*  
Terrie Cottrill SD

8/14/01 (321)754-0819

FILED  
Aug 31, 2001 8:00 am  
Secretary of State

08-31-2001 90115 013 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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