2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 712250** Jan 19, 2000 8:00 am **Secretary of State** SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORID 01-19-2000 90283 043 ****61.25 Principal Place of Business Mailing Address RT 3 BOX 844 RT 3 BOX 844 BONIFAY FLA 32425-9903 BONIFAY FL 32425 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State 59-2137823 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Add SMITH, ROBERT V **RT4 BOX 62 BONIFAY FL 32425** City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PCD ☐ Delete TITLE TITLE NAME MILLER, THOMAS W NAME STREET ADDRESS RT2 BOX 81 1575 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARYVILLE FL 32427 Change ☐ Addition TITLE **VD** TITLE ٧D NAME SMITH, ROBERT V NAME STREET ADDRESS STREET ADDRESS RT 4, BOX 62 CITY-ST-ZIP CITY-ST-ZIP BONIFAY FL 32425 NAME PCD ☐ Addition ☐ Delete PCD TITLE HALL, CHARLES E NAME STREET ADDRESS STREET ADDRESS RT 3, BOX 992 CITY-ST-ZIP CITY-ST-7IP BONIFAY FL_32425 ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

CHARLES E. HALL 1/14/00