FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am **DOCUMENT # 712250 Secretary of State** 1. Entity Name SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORID 01-30-2001 90044 018 ****61.25 Principal Place of Business Mailing Address RT 3 BOX 844 RT 3 BOX 844 BONIFAY FL 32425 BONIFAY FL 32425 2. Principal Place of Business 3. Mailing Address 1955 HWY 177-A 1955 HWY 177 - ASuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State BONIFAY FL. BONIFAY, 59-2137823 FL. 32905 Not Applicable Zip _32425. Country Country \$8:75 Additional 5. Certificate of Status Desired 32425 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIEDERYTOMMXER Street Address (P.O. Box Number is Not Acceptable) HALL, CHARLES F 2671 SHERWOOD DR **BONIFAY FL 32425** City Zip Code BONIFAY 32425 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. JANUARY 14, 2001 **SIGNATURE** (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **X** Change ☐ Addition TITLE ☐ Delete TITLE ۷D MILLER, THOMAS W NAME NAME MILLER, TOMMY STREET ADDRESS 1575 COUNTY RD 65 STREET ADDRESS 1575 COUNTY RD BONIFAY, EL. 3 CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL 32425** ☐ Çhange ★ Addition **X** Delete TITLE TITLE PCD HALL, CHARLES E NAME KEITH, FRED 1587 COUNTY ROAD 65 BONIFAY, FLORIDA-32425 NAME STREET ADDRESS STREET ADDRESS 2671 SHERWOOD DR CITY-ST-ZIP CITY-ST-ZIP BONIFAY FL 32425 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBINSON, DONALD E NAME NAME STREET ADDRESS 1852 HWY 177 A. STREET ADDRESS CITY-ST-ZIF **BONIFAY FL 32425** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2001

1-850-547-3325

Daytime Phone #