2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90027 033 ****61.25

0062648

DOCUMENT # 712250

1. Entity Name

SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORID
A

Principal Place of Business	Mailing Address
1955 HWY 177-A BONIFAY FL 32425	1955 HWY 177-A BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2137823 ☐ Applied For ☐ Not Applicable

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
MILLER, TOMMY 1575 COUNTY ROAD 65 BONIFAY FL 32425	Name: Okley Strickland Street Address (P.O. Box Number is Not Acceptable): 312 East Montana Ave. City: Bonifay **FL** Zip Code: 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.

SIGNATURE Okley Strickland Okley Strickland 1-9-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, THOMAS W 1575 COUNTY RD 65 BONIFAY FL 32425	☒ Delete	D Okley Strickland (T) 312 East Montana Ave. Bonifay, FL 32425	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD ROBINSON, DONALD E 1852 HWY 177 A. BONIFAY FL 32425	☒ Delete	VD Karl Marlow (T) 2396 John Marsh Rd. Bonifay, FL 32425	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD KEITH, FRED 1587 COUNTY ROAD 65 BONIFAY FL 32425	☒ Delete	VD Bill O. Gilley (T) 1610 Highway 177 Bonifay, FL 32425	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Okley Strickland SIGNATURE REQUIRED 1-9-02 (850) 547-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #