2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712250

1. Entity Name

SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORID



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90077 042 ****61.25

Mailing Address Principal Place of Business 1955 HWY 177-A 1955 HWY 177-A BONIFAY FL 32425 90017408 BONIFAY FL 32425 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-2137823 City & State City & State 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 Marlow OKLEY, STRICKLAND Street Address (P.O. Box Number is Not Acceptable) 312 EAST MONTANA AVE John Marsh Rd **BONIFAY FL 32425** Zip Code **3242**5 BOAL FAY 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. The Change ☐ Addition TITLE TITLE Delete Karl E. Marlow OKLEY, STRICKLAND T NAME NAME 2396 John Mash Rd. STREET ADDRESS STREET ADDRESS |312 E. MONTANA AVE. CITY-ST-ZIP Bonifay Florida 32425 CITY-ST-ZIP **BONIFAY FL 32425** Delete Change ☐ Addition ٧D TITLE Bill O. Gilley 1610 Highway 177 Bonifay, Florida KARL, MARLOW T NAME STREET ADDRESS 2396 JOHN MARSH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONIFAY FL 32425 Change ☐ Addition TITLE Delete GILLEY, BILL O NAME OKIEY Strickhand NAME STREET ADDRESS 1610 HIGHWAY 177 312 É, Montana Ave STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BONIFAY FL 32425 Bonifay, Florida Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

1/22/03

(850) 547-1869