

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90017 013 ****61.25

DOCUMENT # 715933

1. Entity Name

SANTA ROSA SHORES BAPTIST CHURCH, INC.

Principal Place of Business

3165 HIGHWAY 98
 P O BOX 40
 GULF BREEZE FL 32562-7040
 US

Mailing Address

3165 HIGHWAY 98
 P O BOX 40
 GULF BREEZE FL 32562-0040
 US

2. Principal Place of Business

3153 Gulf Breeze Parkway

3. Mailing Address

P O Box 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze Fl 32561

City & State

Gulf Breeze Fl

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
32561

Country
Santa Rosa

Zip
32562-0040

Country
Santa Rosa

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POLAND, JEANETTE T
2369 ASH LANE
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name
MURPHY, ERNEST E
 Street Address (P.O. Box Number is Not Acceptable)
3610 EBB TIDE LANE
 City **GULF BREEZE** **FL** Zip Code **32561**

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 *Ernest E. Murphy*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/14/00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITTMAN, PAULA 1402 EL SERENA PL GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ELTON 1251 AINSWORTH DR GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLAND, JEANETTE T 2369 ASH LANE NAVARRE FL 32566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ROBERT W 411 YORK ST. GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, ERNEST E 3610 EBB TIDE LANE GULF BREEZE FL 32561 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Ernest E. Murphy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

850-932-5620
 Daytime Phone #

CR2E037 (9/99)