

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719747

1. Entity Name

GUNN HIGHWAY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

28315 BAYHEAD RD
DADE CITY FL 33523
US

28315 BAYHEAD RD
DADE CITY FL 33523-6109
US

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

59-1375197

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

HARNAGE, ARCHIE LYNN
18710 SWEETBAY LANE
DADE CITY FL 33523

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD
NAME SHARPLESS, ROY A JR
STREET ADDRESS 2511 W. KNOLWOOD CT.
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE
NAME Sharpless, Roy A. Jr. ☒ Change ☐ Addition
STREET ADDRESS 11707 Country Club Place
CITY-ST-ZIP Tampa, FL 33612-4102

TITLE VD
NAME BARTON, OTIS
STREET ADDRESS 600 N. WAY, UNIT 507
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HARNAGE, LOUISE J.
STREET ADDRESS 18710 SWEETBAY LANE
CITY-ST-ZIP DADE CITY FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PAGE, DALE S
STREET ADDRESS 12408 PAMPAS PLACE
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☒ Delete

TITLE SD
NAME Cross, Janice H.
STREET ADDRESS 18108 Woodcreek Pl.
CITY-ST-ZIP Lutz, FL 33549 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Janice H. Cross* SIGNATURE REQUIRED *H. Cross*

4/19/00

813-253-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #