

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90866 045 ****61.25

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
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 \$61.259. 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** ☐ Delete
NAME **SHARPLESS, ROY A JR**
STREET ADDRESS **11707 COUNTRY CLUB PL**
CITY-ST-ZIP **TAMPA FL 33612-4102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **BARTON, OTIS**
STREET ADDRESS **600 N. WAY, UNIT 507**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **925 Pinehill Blvd.**
CITY-ST-ZIP **Geneva, FL 32732**TITLE **TD** ☐ Delete
NAME **HARNAGE, LOUISE J.**
STREET ADDRESS **18710 SWEETBAY LANE**
CITY-ST-ZIP **DADE CITY FL 33523**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **CROSS, JANICE H**
STREET ADDRESS **18108 WOODCREEK PL**
CITY-ST-ZIP **LUTZ FL 33549**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33548**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Janice H. Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/9/02**
Date**813-253-7062**
Daytime Phone #

CR2E037 (9/01)