FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2001 8:00 am Secretary of State DOCUMENT # 720597 1. Entity Name HAINES CREEK BAPTIST CHURCH, INC. 01-30-2001 90014 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 33110 COUNTY RD., #473 LEESBURG FL 34788 33110 COUNTY RD., #473 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2363167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FREES, RUSS 34105 LINDA LANE LEESBURG FL 34788 City Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE TITI F √D Delete ☐ Change SD GARTHWAITE, JACQUELINE NAME NAME Ellen Frees STREET ADDRESS 500 N NEWELL HILL RD. CONDO 109C STREET ADDRESS 34105 Linda Lane CITY-ST-ZIP CITY-ST-ZIP Leesburg FL 34788 LEESBURG FL 34748 TITLE Delete TITLE Change Addition SHELFER, EMORY NAME NAME Vada Overmeyer STREET ADDRESS **18 GINGER CIR** STREET ADDRESS 210 S. Lake #9 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 <u> Tavares FL\_32778</u> TITLE TITLE Change → Addition Delete HARDY, JAMES NAME NAME Bob Wilson STREET ADDRESS 35607 CALLA COURT STREET ADDRESS 112 Waha Way CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-7IP Leesburg FL 34788 ☐ Delete TITLE Change Addition A NAME NAME James Barker STREET ADDRESS STREET ADDRESS 34100 Linda Lane CITY-ST-ZIP CITY-ST-ZIP Leesburg FL 34788 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Vala GO JETHE FREQUIRED Vals J Overneyer 1/22/2001 742.244.