

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90098 045 ****61.25

DOCUMENT # 723237

1. Entity Name

RAMONA PARK CHURCH, INC.

Principal Place of Business

Mailing Address

U S 41 SOUTH
 PO BOX 1575
 LAKE CITY FL 32056-1575
 US

U S 41 SOUTH
 PO BOX 1575
 LAKE CITY FL 32056-1575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7209051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENLOW, ELMER
U.S. 41 SOUTH, RT. 6, BOX 165-D
LAKE CITY FL 32055

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 **PETRY, JAMES** Delete
 STREET ADDRESS **RT 1 BOX 276, RT 252 WEST**
 CITY-ST-ZIP **WELLBORN FL 32094**

TITLE PD
 NAME **Johnson James J.** Change Addition
 STREET ADDRESS **RT 9 BOX 576 Highway 90 W**
 CITY-ST-ZIP **Lake city Fl. 32055**

TITLE VP
 NAME **JOHNSON, JAMES J** Delete
 STREET ADDRESS **RT 9 BOX 576**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE VP
 NAME **David Lee** Change Addition
 STREET ADDRESS **RT 17 BOX 1928 Highway 90 W**
 CITY-ST-ZIP **Lake city FL 32055 9510**

TITLE SD
 NAME **CAMPBELL, PAUL** Delete
 STREET ADDRESS **RT 4 BOX 390/ RT 90 WEST**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE S
 NAME **RANDY WELSH** Change Addition
 STREET ADDRESS **RT 11 BOX 18 Road 252**
 CITY-ST-ZIP **Lake city FL 32024**

TITLE TD
 NAME **KRUMMRICH, JERRY** Delete
 STREET ADDRESS **RT. 14, BOX 189 SUMMERHILL RD.**
 CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jerry T Krummrich
 Treasurer Director 13 April 2000 904 755 2514

CR2E037 (9/99)