

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736881

1. Entity Name

CHARLIE CREEK FAITH BAPTIST CHURCH, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90113 039 ****61.25

Principal Place of Business

6885 STATE RD E
ZOLFO SPRINGS FL 33890

Mailing Address

% DOROTHY L. GARDNER
1167 SPARROW RD
ZOLFO SPRINGS FL 33890-5018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0021340

☒ 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

GARDNER, DOROTHY
1167 SPARROW ROAD
ZOLFO SPRINGS FL 33890

7. Name and Address of New Registered Agent

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

Dorothy L. Gardner

(NOTE: Registered Agent signature required when reinstating)

1/22/2001

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 DS
NAME GARDNER, DOROTHY L.
STREET ADDRESS 1167 SPARROW RD
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE D
NAME BEARSALL, EDWARD
STREET ADDRESS 29 DELANY HEIGHTS
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

TITLE D
NAME GARDNER, DEBRA
STREET ADDRESS 900 QUAIL RD
CITY-ST-ZIP ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE D
NAME OAKMAN, MARCILL
STREET ADDRESS 1234 SPARROW RD
CITY-ST-ZIP ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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)(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:

Dorothy L. Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2001

Date

Daytime Phone #

CR2E037 (10/00)