

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744684

1. Entity Name

SAMSULA BAPTIST CHURCH

Principal Place of Business

223 N SAMSULA DR
NEW SMYRNA BCH FL 32168

Mailing Address

223 N SAMSULA DR
NEW SMYRNA BCH FL 32168-8763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1369126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, KENNETH S JR
836 ISLAND POINTE DR
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name *Ruby Clements*

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

5041 S. Palmetto St.

City *Port Orange*

FL

Zip Code *32127*

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

Ruby Clements

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 7, 2000

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	TR	<input type="checkbox"/> Delete
NAME	LEDGER, NELL	
STREET ADDRESS	3696 PIONEER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CLEMENTS, RUBY	
STREET ADDRESS	5041 S PALMETTO ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32127	
TITLE	TTR	<input checked="" type="checkbox"/> Delete
NAME	SHEPARD, KENNETH S JR	
STREET ADDRESS	836 ISLAND POINT DR	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CEGLAR, MARION	
STREET ADDRESS	4411 SEA MIST COURT #177	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RANAW, MURIEL	
STREET ADDRESS	206 S STATE RD 415	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, BRIAN	
STREET ADDRESS	293 FLORATAM TRAIL	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ruby Clements

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 2000

Date

Daytime Phone #

CR2E037 (9/99)