## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 744684

1. Entity Name

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## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90234 009 \*\*\*\*61.25

SAMSULA	BAPTIST CHURCH						
Principal Place 223 N SAMSUL NEW SMYRNA	A DR	Mailing Address 223 N SAMSULA DR NEW SMYRNA BCH FL 32168					
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	g Changes	
City & State		City & State		4. FEI Number	9-1369126	<u> </u>	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Addi	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	legistered Agent	<del></del> -		iress of New Registered	Agent	
<del></del>			Name			~~ <del>~~</del> .	
	RN, DOUGLAS TUCE LANE		I	ddress (P.O. Box Number is	Not Acceptable)		
	YRNA BEACH FL 32168						
			City		FI	L Zip Code	<del>;</del>
the obligati	named entity submits this statement for ions of registered agent.	alo parpoot of one ignig					
SIGNATURE .	Signature triped or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Florida Depa	_	State
10.	OFFICERS AND DIR	ECTORS	11.		GES TO OFFICERS AND D		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TR LEDGER, NELL 3696 PIONEER TRAIL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR James Randy 4135 Quail Ran New Source	Hilton ch Road Acach FL 3	□ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NEW SMYRNA BEACH FL TR JOHNSON, MARK 280 SANDRIDGE TRAIL NEW SMYRNA BEACH FL 32168	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New Singer		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	TR -VAN HORN, DOUGLAS 3756 LETTUCE LANE	☐ Delete	TITLE NAME STREET ADDRESS	13 <u></u>		Change	Addition_
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	<del> </del>		☐ Change	Addition
TITLE		☐ Delete	TITLE NAME				
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	cortify that the information supplied with	O. S. Phys. A sec. 100 ft.	CITY-ST-ZIP	ated in Section 110 07/23/3	Florida Statutes I further o	certify that the i	information
49 Ibereby	actiful that the information cumplied with	of Villaur tone seen parity for	r ine exemption Sta	sted in aection 119.07(a)(l),	i ionua otatutos. Huttifi t	zarany anat and i	

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(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 eath; 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:** 

2/10/03 386-428-2618