

2000 UNIFORM BUSINESS REPORT (UBR)

4/28

FILED

May 18, 2000 8:00 am
Secretary of State

04-28-2000 90038 012 ****61.25

DOCUMENT # 746956

1. Entity Name

BILLORY BAPTIST CHURCH, HOLLEY-NAVARRE, INC.

Principal Place of Business

Mailing Address

8162 STILLWATER COVE
NAVARRE FL 32566-6407

8162 STILLWATER COVE
NAVARRE FL 32566-9407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1786306

Applied For

Not Applicable

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

YOUNG, ADAM I
2873 AVENIDA DE DESOTO
NAVARRE FL 32566

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	D	<input type="checkbox"/> Delete
NAME	YOUNG, ADAM I	
STREET ADDRESS	2873 AVENIDA DE SOTO	
CITY-ST-ZIP	NAVARRE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITE, GWEN	
STREET ADDRESS	8398 NEVADA ST.	
CITY-ST-ZIP	NAVARRE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, JOHN	
STREET ADDRESS	7136 NELSON RD	
CITY-ST-ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Adam I	
STREET ADDRESS	2873 Avenida de Soto	
CITY-ST-ZIP	Navarre FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snider, Terry	
STREET ADDRESS	7451 Chase St.	
CITY-ST-ZIP	Navarre FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keller, Leona	
STREET ADDRESS	2397 Avenida de Sol	
CITY-ST-ZIP	Navarre FL	
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:

SIGNATURE REQUIRED

4/20/2000

(850) 939-2849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (9/99)