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

## **DOCUMENT # 746956**

1. Entity Name

## BILLORY BAPTIST CHURCH, HOLLEY-NAVARRE, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90125 007 \*\*\*\*61.25

Principal Place of Business 8162 STILLWATER COVE NAVARRE FL 32566-6407			Mailing Address 8162 STILLWATER COVE NAVARRE FL 32566-6407				1 2 M A (41 1 2 M A)	<b>a</b> 147 <b>a</b> a121 <b>a</b> 141a) <b>a</b> 169	• • • • • • • • • • • • • • • • • • •	12 <b>3118</b> 21 <b>828</b> 21 <b>0</b> )1	1))	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State					4. FEI Number <b>59-1786306</b>			Applied For Not Applicable	
Zip		Country	Z	qi	Cou	ntry		5. Certificate of	Status Desired		\$8.75 Add	ditional
*	6. Name	and Address of Curren	t Register	ed Agent		de destinations : .	3	7. Name and A	dress of New R			-
	adam i Enida de c E FL 32566	DESOTO				Name Street A		nt, Mich PO Box Number is Pleasar			.!.	
8. The above the obligate SIGNATURE	tions of regist	y submits this statement leading agent.  Leading agent	Kny	ht	P	res /	Di	ed agent, or both, i	in the State of Flo		Zip Cod 325 amiliar with,	
J 10. TITLE NAMĒ	PD YOUNG, A	OFFICERS AND D	IRECTORS	9. Election Can Trust Fund C		on,	PD A	\$5.00 May Be Added to Fees ODITIONS/CHAN	Floric GES TO OFFICEI	da Depart	RECTORS IN	State
STREET ADDRESS CITY-ST-ZIP	2873 AVEI NAVARRE	NIDA DE SOTO FL 32566			4	T ADDRESS ST-ZIP	784	3 Pleasa	nt Oak <i>I</i>	Ave.		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VD SNIDER, T 7451 CHA NAVARRE	SE ST	·,	□ Delete		i	Na V	arre, FL	3 4 3 .0 .0	in and the second second second	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Keller, L 2397 Avei Navarre	NIDA DE SOL		☐ Delete		l l	239	/D // ler, Leo 7 Avenidarre, FL	a de Sol	l.	X Change	☐ Addition
TITLE NAME Street Address City-St-Zip				☐ Delete					32.700		Change	☐ Addition
TITLE Name Street Address . City-St-Zip				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS   CITY-ST-ZIP			•	☐ Delete				· · · · · · · · · · · · · · · · · · ·			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:

4/6/2003

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