

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749119**

1. Entity Name

EBENEZER BAPTIST CHURCH OF JEFFERSON COUNTY, FLO**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90143 015 ****61.25

0015474

Principal Place of Business

RT 1 BOX 140B
EBENEZER CHURCH RD
LAMONT FL 32336
US

Mailing Address

P.O. BOX 652
MONTICELLO FL 32345
US

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

59-2352645

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, GREG
RT. 1, BOX 96
LAMONT FL 32336

7. Name and Address of New Registered Agent

Name Carolyn Campbell
Street Address (P.O. Box Number is Not Acceptable)Rt. 1, Box 96City Lamont

FL

Zip Code
32336

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

Carolyn Campbell TDCarolyn Campbell4/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 **VD** ☐ Delete
NAME **COURSON, RUSSELL**
STREET ADDRESS **RT 3 BOX 26-L**
CITY-ST-ZIP **MONTICELLO FL**TITLE **TD** ☒ Delete
NAME **CREEL, ANDREW S**
STREET ADDRESS **175 W SEMINOLE AVE**
CITY-ST-ZIP **MONTICELLO FL 32344**TITLE **PD** ☐ Delete
NAME **CAMPBELL, GREG**
STREET ADDRESS **RT 1 BOX 96**
CITY-ST-ZIP **LAMONT FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **Campbell, Carolyn**
STREET ADDRESS **Rt. 1, Box 96**
CITY-ST-ZIP **Lamont, FL 32336**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Carolyn CampbellCarolyn Campbell4/20/01850 921 7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)