

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749119

1. Entity Name

EBENEZER BAPTIST CHURCH OF JEFFERSON COUNTY, FLO
RIDA, INC.

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.

427 Hatchett Road

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2352645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, CAROLYN

RT 1, BOX 98 28 Campbell Road
LAMONT FL 32336

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 VD ☐ Delete
NAME COURSON, RUSSELL
STREET ADDRESS RT 3 BOX 26-L
CITY-ST-ZIP MONTICELLO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CAMPBELL, GREG
STREET ADDRESS RT 1 BOX 98 28 Campbell Road
CITY-ST-ZIP LAMONT-FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CAMPBELL, CAROLYN
STREET ADDRESS RT 1 BOX 98 28 Campbell Road
CITY-ST-ZIP LAMONT FL 32336

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 850-488-7044

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE