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

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90349 050 ****61.25

DOCUMENT # 751321

1. Entity Name

Sumatra Baptist Church, Inc

DO NOT WRITE IN THIS SPACE

60029125

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2. Principal Place of Business
Sumatra Baptist Church
Suite, Apt. #, etc.

3. Mailing Address
46704 SW St Rd 65
Suite, Apt. #, etc.

City & State: Bristol
Zip: Country:

City & State: Bristol, FL
Zip: 32321
Country: Liberty

4. FEI Number: 59-2385666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Samuel Sullivan
Street Address (P.O. Box Number is Not Acceptable): 91 Franola St
City: Sopchoppy FL Zip Code: 32358

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rev. Sam Sullivan 4-19-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	TITLE	
NAME	Phyllis Sullivan	NAME	
STREET ADDRESS	91-Franola St	STREET ADDRESS	
CITY-ST-ZIP	Sopchoppy, FL 32358	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Phyllis Sullivan	NAME	
STREET ADDRESS	91 Franola St	STREET ADDRESS	
CITY-ST-ZIP	Sopchoppy, FL 32358	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Jackie Lewis	NAME	
STREET ADDRESS	270 Wright Lake Rd	STREET ADDRESS	
CITY-ST-ZIP	Bristol, FL 32321	CITY-ST-ZIP	
TITLE	AT	TITLE	
NAME	Marie Wimberly	NAME	
STREET ADDRESS	44914 SW County Rd 379	STREET ADDRESS	
CITY-ST-ZIP	Bristol, FL 32321	CITY-ST-ZIP	
TITLE	MD	TITLE	
NAME	Jackie Lewis	NAME	
STREET ADDRESS	270 Wright Lake Rd	STREET ADDRESS	
CITY-ST-ZIP	Bristol, FL 32321	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jackie Lewis Jackie Lewis 4-19-06 850-670-4932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #