## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED DOCUMENT # 751673** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name HURRICANE CREEK BAPTIST CHURCH, INC. 04-20-2000 90042 009 \*\*\*\*61.25 Principal Place of Business Mailing Address % LARRY ZORN % LARRY ZORN RT 3 BOX 214 RT 3 BOX 214 WESTVILLE FL 32464 WESTVILLE FL 32464-9803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2866431 Not Applicable Country \$8.75-Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZORN, WILLIAM E., SR RT 3 BOX 208 WESTVILLE: FL'32464 City Zip Code FI 推通监 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. DEALWELL. S. 9314. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition TITLE Delete NAME LOCKE, BILLY NAME STREET ADDRESS STREET ADDRESS RT 3, BOX 465 CITY-ST-ZIP CITY-ST-ZIP WESTVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MORING, MICHAEL NAME STREET ADDRESS STREET ADDRESS RT 2 CITY-ST-ZIP CITY-ST-ZIP Westville FL 32464 ☐ Delete TITLE Change ☐ Addition TITLE NAME ZORN. LARRY NAME STREET ADDRESS STREET ADDRESS RT 3 BOX 214 CITY-ST-ZIP CITY-ST-ZIP <u>westville fl</u> Addition ☐ Change Delete TITLE TITLE Willie RICHARDSON, CALHOUN NAME NAME STREET ADDRESS STREET ADDRESS 407 WEST EWING ST. F1 32464 Westville CITY-ST-ZIP CITY-ST-ZIP SAMSON AL ☐ Change ☐ Addition TITLE Delete TITLE HARRISON, H. R. NAME NAME STREET ADDRESS STREET ADDRESS **ROUTE 1** CITY-ST-ZIP CITY-ST-ZIP WESTVILLE FL 32464 ☐ Change TITLE Delete TITLE Addition PITTS, CHANCE NAME NAME ROUTE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTVILLE FL 32464 12. Thereby 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

SIGNATURE: SIGNATURE

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

WIRE SHOULD LARRY ZORN

4/16/ 2000

8509562182

Daytime Phone