

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

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90440 005 ****61.25

DOCUMENT # **751673**

1. Entity Name

Hurricane Creek Baptist Church, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hwy 2A

Suite, Apt. #, etc.

3. Mailing Address

Larry Zorn

Suite, Apt. #, etc.

1163 Zorn Ln.

City & State

Westville, Fl.

City & State

Westville, Fl.

Zip

32464

Country

Holmes

Zip

32464

Country

Holmes

4. FEI Number

59-2866431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

969515

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William E. Zorn, Sr.

Street Address (P.O. Box Number is Not Acceptable)

1192 Hwy 2A

City

Westville

FL

Zip Code

32464

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

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Willie F. Sewell
STREET ADDRESS	1376 Hwy 2A
CITY-ST-ZIP	Westville, Fl. 32464
TITLE	D
NAME	Al Linzey
STREET ADDRESS	1311 Hurricane Creek Rd.
CITY-ST-ZIP	Westville, Fl. 32464
TITLE	D
NAME	William E. Zorn, Jr.
STREET ADDRESS	2234 Pleasant Ridge Rd.
CITY-ST-ZIP	Ponce de Leon, Fl. 32455
TITLE	D
NAME	Chance Pitts
STREET ADDRESS	Hwy 81N
CITY-ST-ZIP	Westville, Fl. 32464
TITLE	T
NAME	Larry Zorn
STREET ADDRESS	1163 Zorn Ln.
CITY-ST-ZIP	Westville, Fl. 32464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Zorn

6/18/02

Date

850-956-2182

Daytime Phone #

CR2E037B (12/01)

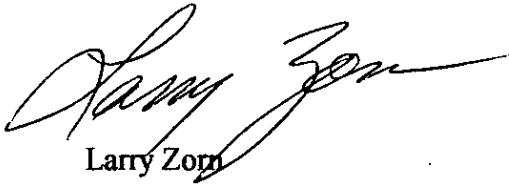
Attachment

969515

June 19, 2002

I did not receive the form that you sent because of a 911 address change and the Post Office returned the form to you. As per conversation today with your office I am submitting the form and check.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry Zorn".

Larry Zorn