

1/22/01-91

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90017 043 \*\*\*\*61.25

**DOCUMENT # 753231**

1. Entity Name

**CASSIA BAPTIST CHURCH, INC.**

Principal Place of Business

36944 CASSIA CHURCH ROAD  
EUSTIS FL 32736

Mailing Address

36944 CASSIA CHURCH ROAD  
EUSTIS FL 32736

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2284938

☒ Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLBERT, WILLIAM L., ESQ.  
200 WEST FIRST ST.  
SANFORD FL 32771

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	T	<input checked="" type="checkbox"/> Delete
NAME	EMORY, BETTY	
STREET ADDRESS	P.O. BOX 1164 N/A	
CITY-ST-ZIP	EUSTIS FL 32727	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara A. Stone	
STREET ADDRESS	28707 C.R. 46A.	
CITY-ST-ZIP	Sanford, FL 32774	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, VICKIE L	
STREET ADDRESS	25516 COUNTRY RD 44A	
CITY-ST-ZIP	EUSTIS FL 32738	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger L. Wolfe	
STREET ADDRESS	34608 Lakeland Ave	
CITY-ST-ZIP	Leesburg, FL 34788	

TITLE	T	<input type="checkbox"/> Delete
NAME	BEERY, VIVIAN J.	
STREET ADDRESS	40829 FLORIDA AVE	
CITY-ST-ZIP	EUSTIS FL 32736	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty J. Hurlbut	
STREET ADDRESS	40829 FL AVE	
CITY-ST-ZIP	Eustis, FL 32736	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vivian J. Beery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

1-10-01

Date

352-357-8354

Daytime Phone #

CR2E037 (10/00)