

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008461

1. Entity Name

BUFORD GROVE BAPTIST CHURCH, INC.

Principal Place of Business

ROUTE 4 BOX 7115
HILLIARD FL 32046

Mailing Address

ROUTE 4 BOX 7115
HILLIARD FL 32046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

KU 69-1868969

☐ Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KERRY L.
ROUTE 4 BOX 7115
HILLIARD FL 32046

7. Name and Address of New Registered Agent

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

Kerry L Davis KERRY L DAVIS

04-14-01

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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Kerry L. Davis | |
| STREET ADDRESS | P.O. Box 82 | |
| CITY-ST-ZIP | Callahan, FL 32011 | |
| TITLE | First Vice President | <input type="checkbox"/> Delete |
| NAME | Donald B. Conner | |
| STREET ADDRESS | Rt. 4 Box 7665 | |
| CITY-ST-ZIP | Hilliard, FL 32046 | |
| TITLE | Second Vice President | <input type="checkbox"/> Delete |
| NAME | Edward Thompson | |
| STREET ADDRESS | 1870 Circle Drive | |
| CITY-ST-ZIP | Callahan, FL 32011 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Terry Landreth | |
| STREET ADDRESS | 210 North Woodvalley Drive | |
| CITY-ST-ZIP | Kingsland, GA 31548 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | Hal S. Merritt | |
| STREET ADDRESS | Rt. 3 Box 5670 | |
| CITY-ST-ZIP | Hilliard, FL 32046 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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:

Kerry L Davis KERRY L DAVIS

4-14-2001

904-393-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)