

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90379 050 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1868969

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

MERRITT, HAL S

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

Route 4 Box 7115

City

Hilliard

FL

Zip Code

32046

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

Kerry L Davis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/02

**After September 13, 2002,
min. will be \$236.25.**

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 **PD TD** ☐ Delete
NAME **DAVIS, KARRY L**
STREET ADDRESS **P.O. BOX 82**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **1VPD** ☒ Delete
NAME **CONNER, DONALD B**
STREET ADDRESS **RT. 4 BOX 7665**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **2VPT 1VPD** ☐ Delete
NAME **THOMPSON, EDWARD**
STREET ADDRESS **1870 CIRCLE DRIVE**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **S** ☐ Delete
NAME **LANDRETH, TERRY**
STREET ADDRESS **210 NORTH WOODVALLEY DRIVE**
CITY-ST-ZIP **KINGSLAND GA 31548**

TITLE **TD PD** ☐ Delete
NAME **MERRITT, HAL S**
STREET ADDRESS **RT 3 BOX 5670**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Merritt, Hal S.**
STREET ADDRESS **27156 Harley Drive**
CITY-ST-ZIP **Hilliard, FL 32046**

TITLE **1VPD** ☒ Change ☐ Addition
NAME **Thompson, Edward**
STREET ADDRESS **1870 Circle Drive**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE **S** ☒ Change ☐ Addition
NAME **Landreth, Terry**
STREET ADDRESS **210 North Woodvalley Drive**
CITY-ST-ZIP **Kingsland, GA 31548**

TITLE **TD** ☒ Change ☐ Addition
NAME **Davis, Kerry L.**
STREET ADDRESS **PO Box 82**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (4/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

L Davis

7/28/02

904-845-3454