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

5/7

**FILED**
**Jun 04, 2004 8:00 am**
**Secretary of State**
05-07-2004 90117 048 ****61.25

66426510

DOCUMENT # N01000004430

1. Entity Name

Red Bay Presbyterian Church Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10319 Rock Hill Rd<br>Suite, Apt. #, etc. | 9613 St. Hwy 81<br>Suite, Apt. #, etc. |
| City & State: Ponce DeLeon Fl | City & State: Ponce DeLeon Fl |
| Zip: Fl. Country: Walton | Zip: 32455 Country: Walton |

4. FEI Number: 59-2069716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Walter L. Ray

Street Address (P.O. Box Number is Not Acceptable): 9613 south SR 81

City: Ponce deLeon FL Zip Code: 32455

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: Walter R. Ray 05/28/04
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 | Clerk |
| NAME | Walter L. Ray |
| STREET ADDRESS | 9613 St. Hwy 81 |
| CITY-ST-ZIP | Ponce DeLeon, Fl 32455 |
| TITLE | Tellis Rushing - Elder |
| NAME | |
| STREET ADDRESS | 7494 St. Hwy 81 |
| CITY-ST-ZIP | Ponce DeLeon, Fl 32455 |
| TITLE | Allen White - Elder |
| NAME | |
| STREET ADDRESS | 9577 Rock Hill Road. |
| CITY-ST-ZIP | Ponce DeLeon, Fl 32455 |
| TITLE | A.E. Gomillion - Elder |
| NAME | |
| STREET ADDRESS | 8686 St. Hwy 81 |
| CITY-ST-ZIP | Ponce DeLeon, Fl 32455 |
| TITLE | |
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CR2E037B (12/01)

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: Walter R. Ray Walter L. Ray Clerk 4-28-04 850-836-4732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ref. No N01000004430