

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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90154 023 \*\*\*\*61.25

DOCUMENT # NO1000004430

1. Entity Name

REDBAY PRESBYTERIAN CHURCH, INC.

**DO NOT WRITE IN THIS SPACE**

20054828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10319 ROCK HILL RD.

3. Mailing Address  
9613 SOUTH HWY. 81

Suite, Apt. #, etc.  
RED BAY, FLA.

Suite, Apt. #, etc.  
PONCE DELEON FLA.

City & State

City & State

4. FEI Number 59-2069716

Applied For

Not Applicable

Zip  
32455

Country  
WALTON

Zip  
32455

Country  
HOLMES

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)

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

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

(NOTE: Registered Agent signature required when resigning)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CLERK TRUSTEE  
WALTER L. RAY  
9613 SO. HWY. 81 PONCE DELEON, FLA.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TRUSTEE  
TELLIS RUSHING  
7494 SO. HWY. 81 PONCE DELEON, FLA.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TRUSTEE  
ALLEN WHITE  
9577 ROCK HILL RD. PONCE DELEON, FLA.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TRUSTEE  
A.E. GOMILLION  
8686 ST. RD. 81 SOU. PONCE DELEON

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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: Walter L. Ray Walter L. Ray 04/27/05 850-836-4732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)