

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

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90191 023 ****61.25

DOCUMENT # *NO/000004430*

1. Entity Name

Red Bay Presbyterian Church Inc

DO NOT WRITE IN THIS SPACE

40079354

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10319 Rock Hill Rd

Suite, Apt. #, etc.

3. Mailing Address

9613 So. SR 81

Suite, Apt. #, etc.

City & State

Red Bay, Fla.

City & State

Ponce de Leon, Fla.

4. FEI Number

59-2069716

Applied For

Not Applicable

Zip

32455

Country

Walton

Zip

32455

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Walter L. Ray

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

9613 So. SR 81

City

Ponce de Leon

FL

Zip Code

32455

**DO NOT WRITE
IN THIS SPACE**

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

**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 So. SR 81*
CITY-ST-ZIP *Ponce de Leon, Fla 32455*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Elder*
NAME *Tallis Rushing*
STREET ADDRESS *7494 SR. 81*
CITY-ST-ZIP *Ponce de Leon, Fla 32455*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Elder*
NAME *AE Gomillion*
STREET ADDRESS *8606 So SR 81*
CITY-ST-ZIP *Ponce de Leon, Fla 32455*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Elder*
NAME *Wayne McDonald*
STREET ADDRESS *662 Mossy Bend Rd.*
CITY-ST-ZIP *Ponce de Leon, Fla 32455*

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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 clerk* *4-28-06* *850-836-4732*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)