

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

0068451

DOCUMENT # NO2000006432

1. Entity Name

SHADY GROVE BAPTIST CHURCH OF GRAND RIDGE, FLORI  
DA, INC.



Principal Place of Business

7304 BIRCHWOOD RD  
GRAND RIDGE FL 32442

Mailing Address

7304 BIRCHWOOD RD  
GRAND RIDGE FL 32442

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

59-2344839

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KINARD, ALLEN K  
580 BLUEBERRY DR  
GRAND RIDGE FL 32442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SWAFFORD, JAMES E REV  
STREET ADDRESS PO BOX 947  
CITY-ST-ZIP BLOUNTSTOWN FL 32424 ☐ Delete

TITLE T  
NAME KINARD, ALLEN  
STREET ADDRESS 7304 BIRCHWOOD RD  
CITY-ST-ZIP GRAND RIDGE FL 32442 ☐ Delete

TITLE T  
NAME BARNETT, SARA  
STREET ADDRESS 7304 BIRCHWOOD RD  
CITY-ST-ZIP GRAND RIDGE FL 32442 ☐ Delete

TITLE T  
NAME CARPENTER, CHERIE  
STREET ADDRESS 7304 BIRCHWOOD RD  
CITY-ST-ZIP GRAND RIDGE FL 32442 ☐ Delete

TITLE T  
NAME ROBERTS, LOLA N  
STREET ADDRESS 2930 NORTH NOLAND  
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE C  
NAME KINARD, BEVERLY  
STREET ADDRESS PO BOX 715  
CITY-ST-ZIP SNEADS FL 32460 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000018839660  
CITY-ST-ZIP 05/13/03--01061---001 \*\*70.00

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE: [Signature]

4-19-03 (850) 593-6180

CR2E037 (10/02)