

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90093 027 ****70.00

DOCUMENT # **N03122**

1. Entity Name

**TRUSTEE CORPORATION of ST. JOHN'S BAPTIST
CHURCH INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

938 W. RIVER Rd.

Suite, Apt. #, etc.

3. Mailing Address

938 W. RIVER Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALATKA FL.

Zip
32177

Country
Putnam

City & State

PALATKA FL.

Zip
32177

Country
Putnam

4. FEI Number

592117-418

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Louise Thomas

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

3207 BLAIR DR.

City

PALATKA

FL

Zip Code

32177

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

SIGNATURE

Louise Thomas

LOUISE THOMAS

4-16-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D JERRY SHULER
718 CEDAR CREEK Rd.
PALATKA FLORIDA 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALAN PARKER
107 RIVER Rd. DR.
PALATKA FL. 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAMES FAIRCLOTH
107 CYPRESS DR.
PALATKA FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TIMOTHY PLYMEL
145 Bonita DR.
PALATKA, FL. 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Louise Thomas* **Louise Thomas Ch. Tres.**

4-16-04

386-329-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)