

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90333 018 *****70.00

DOCUMENT # N03122

1. Entity Name

TRUSTEE CORPORATION OF ST. JOHNS BAPTIST CHURCH, INC.



Principal Place of Business

**938 W RIVER RD
PALATKA FL 32177**

Mailing Address

**938 W RIVER RD
PALATKA FL 32177**

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 **59-2117418**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, LOUISE
3207 BLAIR DR.
PALATKA FL 32177**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	SHULER, JERRY	
STREET ADDRESS	718 CEDAR CREEK RD.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, JIM	
STREET ADDRESS	122 MUSKIT ROAD	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTMAN, DUNCAN	
STREET ADDRESS	118 TIMBERVIEW DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BARRS, CONRAD	
STREET ADDRESS	444 W RIVER RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, MICHAEL	
STREET ADDRESS	744 CEDAR CREEK RD.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIRCHILD JAMES	
STREET ADDRESS	107 Cypress DR.	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLYMEL TIMOTHY	
STREET ADDRESS	145 Bonita Dr.	
CITY-ST-ZIP	Palatka FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gerald W Shuler Gerald W Shuler 4-18-02 386-325-1775

CR2E037 (10/02)