

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90051 012 \*\*\*\*61.25

**DOCUMENT # N05020**

1. Entity Name

**PEDRO BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

%MACDONALD SINARD  
 1990 SOUTHEAST HIGHWAY 42  
 SUMMERFIELD FL 34491  
 US

%MACDONALD SINARD  
 1990 SOUTHEAST HIGHWAY 42  
 SUMMERFIELD FL 34491-4923  
 US

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

**59-1379719**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINARD, MACDONALD**  
**1990 SOUTHEAST HIGHWAY 42**  
**SUMMERFIELD FL 32691**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAMES, OEAN	
STREET ADDRESS	945 SE 162ND PL	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRENSHAW, LARRY	
STREET ADDRESS	735 SE 170TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MUSIC, DEAN	
STREET ADDRESS	1560 SE 145TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur G. Proctor	
STREET ADDRESS	1000 S.E. 155TH ST	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Baillie	
STREET ADDRESS	17255 SE 19TH CT	
CITY-ST-ZIP	Summerfield, FL 34491	
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:

*Larry Crenshaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00 352 245-2844  
 Date Daytime Phone #

CR2E037 (1/99)