

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90067 018 ****61.25

DOCUMENT # N12509

1. Entity Name

SHADY GROVE ASSEMBLY OF GOD CHURCH, INC.



Principal Place of Business

**C/O SHADY GROVE ASSEMBLY OF GOD
1189 SHADY GROVE RD
BAKER FL 32531
US**

Mailing Address

**1189 SHADY GROVE RD
BAKER FL 32531
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 **59-2285800**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHAPMAN, CHARLES T REV
3682 AIRPORT ROAD
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name

JAMES D. LOCKE

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

1254 CHARLIE DAY ROAD

City

BAKER

FL

Zip Code

32531

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

James D. Locke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

06.25.03

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 ☐ Delete
NAME **TR**
STREET ADDRESS **SIMPSON, JAMES**
CITY-ST-ZIP **522 CREOLA STREET
HOLT FL 32564**

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

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **CHAPMAN, CHARLES T**
CITY-ST-ZIP **3682 AIRPORT ROAD
CRESTVIEW FL 32539**

TITLE ☐ Change ☒ Addition
NAME **TR**
STREET ADDRESS **Richard D. HACKER**
CITY-ST-ZIP **4880 TRAXX STREET
CRESTVIEW, FL 32536**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BAKER, ARTHUR**
CITY-ST-ZIP **6958 HWY 189N
BAKER FL 32531**

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

TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **MCCALLUM, DAVID**
CITY-ST-ZIP **1676 PICKENS CIRCLE
BAKER FL 32531**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOCKE, JAMES D**
CITY-ST-ZIP **1254 CHARLIE DAY RD.
BAKER FL 32531**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BURLISON, TIMMY**
CITY-ST-ZIP **102 HILLWOOD DR.
CRESTVIEW FL 32539**

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:

James D. Locke

James D. Locke

06.25.03

850-537-2774

CR2E037 (10/02)