

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90001 034 \*\*\*\*61.25

**DOCUMENT # N15245**

1. Entity Name

**DOGWOOD PARK BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**3301 HIGHWAY 97  
 MOLINO FL 32577  
 US**

**3301 HIGHWAY 97  
 MOLINO FL 32577  
 US**

**800445867**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2649388**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, E. LAMAR  
 10020 PILGRIM TRAIL  
 CANTONMENT FL 32533**

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 ☐ Delete  
 NAME **T HASSEBROCK, BENNIE**  
 STREET ADDRESS **141 ST HWY 97**  
 CITY-ST-ZIP **MOLINO FL 32577**

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

TITLE ☐ Delete  
 NAME **T FOX, JOE L**  
 STREET ADDRESS **1948 SMYERS RD.**  
 CITY-ST-ZIP **CAWTOUMENT FL 32533**

TITLE ☒ Change ☐ Addition  
 NAME **T Joe Fox**  
 STREET ADDRESS **1948 Smyers Rd**  
 CITY-ST-ZIP **Cawtow mount FL 32533**

TITLE ☐ Delete  
 NAME **PD SMITH, E L**  
 STREET ADDRESS **10020 PILGRIM TRAIL**  
 CITY-ST-ZIP **MOLINO FL 32577**

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

TITLE ☐ Delete  
 NAME **T MALOWE, HARVEY R II**  
 STREET ADDRESS **9580 N BARTH ROAD**  
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE ☒ Change ☐ Addition  
 NAME **T Malowe**  
 STREET ADDRESS **Harvey R. Malowe II**  
 CITY-ST-ZIP **9580 N Barth Rd Molino FL 32577**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3-3-02**

**587-2241**

Date

Daytime Phone #

CR2E037 (9/01)