

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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90144 022 ****61.25

DOCUMENT # **N24502**

1. Entity Name

SANTA FE BAPTIST CHURCH, INC.



Principal Place of Business

7505 CR 236
SANTA FE FL 32616
US

Mailing Address

7505 NWCR 236
ALACHUA FL 32615
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 **59-2961144**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRIS, REBECCA
9233 NW CR 236
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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

TITLE NAME	PD SMITH, ERNEST	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1306 1403 NW 53 AVE	
CITY-ST-ZIP	GAINSVILLE FL 32653	
TITLE NAME	V WILLIAMS, TOMMY	<input type="checkbox"/> Delete
STREET ADDRESS	23608 NW 202 ND STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE NAME	STD HILL, PATRICIA H	<input type="checkbox"/> Delete
STREET ADDRESS	5916 NW 234 AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE NAME	T BRAGG, THERESA	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 183	
CITY-ST-ZIP	LACROSSE FL 32658	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T Bragg, Teresa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 183	
CITY-ST-ZIP	Lacrosse, FL 32658	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		



CHECK HERE IF MAKING CHANGES

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: *[Signature]* SIGNATURE REQUIRED

2-12-03 3523725333

CR2E037 (10/02)