

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90001 050 ***70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N26991

1. Entity Name

SHANNON AVENUE BAPTIST CHURCH OF PLANT CITY, INC

Principal Place of Business

Mailing Address

**1310 N SHANNON AVE
 PLANT CITY FL 33566
 US**

**1310 N SHANNON AVE
 PLANT CITY FL 33566-2534
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2987702

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, CHARLES L. S.
 11 N JOHN MARTIN ST.
 PLANT CITY FL 33567**

Name

GEORGE RAMSARAN

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

1310 SHANNON AVENUE

PLANT CITY

City

FL

33566

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

George Ramsaran

- President -

2/10/2000

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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 **D** ☐ Delete
 NAME **MARTIN, RON**
 STREET ADDRESS **4815 S. WALLACE ROAD**
 CITY-ST-ZIP **PLANT CITY FL**

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

TITLE **D** ☐ Delete
 NAME **SHISLER, TOM**
 STREET ADDRESS **741 DON TAB WAY**
 CITY-ST-ZIP **PLANT CITY FL 33565**

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

TITLE **D** ☒ Delete
 NAME **SMITH, CHARLES**
 STREET ADDRESS **11 N. JOHN MARTIN**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **P/D/T** ☒ Change ☒ Addition
 NAME **George Ramsaran**
 STREET ADDRESS **1310 Shannon Ave**
 CITY-ST-ZIP **plant city FL 33566**

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

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 all other like empowered.

SIGNATURE:

George Ramsaran

2/10/2000

(813) 754-5383

Date

Daytime Phone #