2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 09, 2000 8:00 am Secretary of State **DOCUMENT # N33449** 1. Entity Name HIGHLANDS BAPTIST CHURCH OF LEVY COUNTY, INC. 03-09-2000 90074 001 *****8.75 03-09-2000 90074 002 ****61.25 Principal Place of Business Mailing Address 14631 SE 30TH ST. 14631 SE 30TH ST. MORRISTON FL 32668-3229 MORRISTON FL 32668 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BELL, BENJAMIN J 14631 SE 30TH ST. **MORRISTON FL 32668** Zip Code City 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. Sell BENJAMIN J Bell SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition PDT ☐ Delete TITLE TITLE NAME NAME BELL, BENJAMIN J. STREET ADDRESS STREET ADDRESS PDT CITY-ST-ZIP CITY-ST-ZIP MORRISTON FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DENMARK, VERNON NAME STREET ADDRESS STREET ADDRESS 6130 S.E. 148TH TERR CITY-ST-ZIP CITY-ST-ZIP MORRISTON FL 32668 Change ☐ Addition SDAT ☐ Delete TITLE TITLE BELL, MAYDELL NAME NAME STREET ADDRESS STREET ADDRESS 15250 SE 70TH ST. CITY-ST-ZIP CITY-ST-ZIP MORRISTON FL Change ☐ Addition Defete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #