

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35248

1. Entity Name

EAST BAY BAPTIST CHURCH OF NAVARRE, INC.

Principal Place of Business

7304 EAST BAY BLVD
NAVARRE FL 32566
US

Mailing Address

7304 EAST BAY BLVD
NAVARRE FL 32566-9030
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

59-3019801

Applied For

Not Applicable

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

SAM CLEGG
1918 CANDLEWOOD RD
NAVARRE FL 32566

Name

Robert Monroe

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

6450 Avenida De Galvez

City

Navarre FL 32566 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 D
STREET ADDRESS SAM CLEGG
CITY-ST-ZIP 1918 CANDLEWOOD RD
NAVARRE FL 32566

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Robert Monroe
CITY-ST-ZIP 6450 Avenida De Galvez
Navarre, FL 32566

TITLE ☐ Delete
NAME D
STREET ADDRESS RUTH WEST
CITY-ST-ZIP 1828 AMBASSADOR DR
GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Ruth West
CITY-ST-ZIP 1828 Ambassador Dr
Gulf Breeze, FL 32561

TITLE ☐ Delete
NAME D
STREET ADDRESS PAUL JOHNSON
CITY-ST-ZIP 1766 Sunny Oak St
GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Paul Johnson
CITY-ST-ZIP 1766 Sunny Oak St
Gulf Breeze, FL 32561

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)