## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State **DOCUMENT # N45354** 1. Entity Name 05-14-2001 90097 038 \*\*\*\*61.25 NEW SALEM PRIMITIVE BAPTIST CHURCH OF JESUS CHRI Principal Place of Business Mailing Address 1500 WEST 12TH STREET 1500 WEST 12TH STREET SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, JOYCE 709 EAST 6TH STREET SANFORD FL 32771 City 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. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD. President CR2E037 (10/00) **X** Addition TITLE ☐ Delete TITLE ☐ Change Buxton, Henry (Elder) 132 Vista Verli Drive Lake Many, Florida 32746 WRIGHT, WILLIAM (DEACON) NAME NAME STREET ADDRESS 1409 WILLIAMS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SANFORD FL Addition ☐ Delete TITLE TITLE ☐ Change LOCKHART, SEVERNIA NAME NAME STREET ADDRESS STREET ADDRESS 1019 OLEANDER AVENUE CITY-ST-ZIP+\*\* CITY-ST-ZIP SANFORD FL 32771 ☐ Change TITLE ☐ Delete TITLE ☐ Addition ROUSE, ISIAH STREET ADDRESS 1705 PEACH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, DAVID, NAME NAME STREET ADDRESS 1014 MANGOUSTINE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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: