

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46770****FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90053 025 ****61.25

0089716

1. Entity Name**SHARON BAPTIST CHURCH, INC.****Principal Place of Business****5584 SHARON ROAD
GREEN COVE SPRINGS FL 32043****Mailing Address****5584 SHARON ROAD
GREEN COVE SPRINGS FL 32043****C0038126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number****59-2899627****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****JOLLEY, ISAAC ALVIN
2276 CRAVEN RD
GREEN COVE SPRINGS FL 32043****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.****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**

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAM, SANNORRS	
STREET ADDRESS	P.O. DRAWER 410	
CITY-ST-ZIP	HAMPTON FL 32044	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOLLY, ISAAC ALVIN	
STREET ADDRESS	2276 CRAVEN ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOODY, PHILLIP	
STREET ADDRESS	4478 SPRING BANK RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, JOHNNY MACK	
STREET ADDRESS	4216 SAUNDERS RD	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHELLE, TODD	
STREET ADDRESS	554 BATTON BAY RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOULTON, EDIE	
STREET ADDRESS	5515 BATTON BAY RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Ann Todd
Treasurer

Date

3/21/01

Daytime Phone #

284-0046

CR2E037 (10/00)