

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N47466**

1. Entity Name

**SPARTA ROAD BAPTIST CHURCH OF SEBRING, INC.****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90128 013 \*\*\*\*70.00

Principal Place of Business

**4400 SPARTA ROAD  
SEBRING FL 33872  
US**

Mailing Address

**4400 SPARTA ROAD  
SEBRING FL 33872-8500  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applied

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

**ABLES, CLIFFORD M., III  
457 S COMMERCE AVE.  
SEBRING FL 33870**

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 ☐ Delete  
NAME **T CARLSON, DONNA R.**  
STREET ADDRESS **3531 HWY 27 SOUTH**  
CITY-ST-ZIP **SEBRING FL**TITLE ☐ Delete  
NAME **T CRAWLEY, CLINTON**  
STREET ADDRESS **7126 SPARTA ROAD**  
CITY-ST-ZIP **SEBRING FL 33872**TITLE ☐ Delete  
NAME **T HOBBS, JAMES M**  
STREET ADDRESS **227 SPARROW AVE**  
CITY-ST-ZIP **SEBRING FL 33872**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME  
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 #

**1-15-00 863382414**