

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-10-2001 90182 031 ****61.25

DOCUMENT # N47466

1. Entity Name

SPARTA ROAD BAPTIST CHURCH OF SEBRING, INC.

Principal Place of Business

Mailing Address

4400 SPARTA ROAD
 SEBRING FL 33872
 US

4400 SPARTA ROAD
 SEBRING FL 33872
 US

74878



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARLSON, DONNA R. 3531 HWY 27 SOUTH SEBRING FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CRAWLEY, CLINTON 7126 SPARTA ROAD SEBRING FL 33872 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOBBS, JAMES M 227 SPARROW AVE SEBRING FL 33872 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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:

Donna R. Carlson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas 4-27-01 8633824141
 Date Daytime Phone #

CR2E037 (10/00)