

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49035

1. Entity Name

DOWNTOWN BAPTIST CHURCH OF OCALA, INC.

Principal Place of Business

1632 E. SILVER SPRINGS BLVD.
OCALA FL 33471
US

Mailing Address

P.O. BOX 4073
OCALA FL 34478
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

59-3147466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEAY, JOHN W.
1323 S.E. 38TH COURT
OCALA FL 32671

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 D ☐ Delete
NAME SEAY, JOHN W.
STREET ADDRESS 1323 SE 38TH COURT
CITY-ST-ZIP OCALA FL

TITLE D ☐ Delete
NAME TOMYN, ANNE N.
STREET ADDRESS 1211 SE SANCHEZ AVE.
CITY-ST-ZIP OCALA FL

TITLE D ☐ Delete
NAME HOWELL, W.E.
STREET ADDRESS 621 SE 46TH CT
CITY-ST-ZIP OCALA FL

TITLE D ☐ Delete
NAME GADD, BILLY G.
STREET ADDRESS 1147 SE 14TH STREET
CITY-ST-ZIP OCALA FL

TITLE D ☐ Delete
NAME CATES, ELLEN
STREET ADDRESS 2024 SE 8TH ST
CITY-ST-ZIP OCALA FL

TITLE D ☐ Delete
NAME HASTINGS, W.E.
STREET ADDRESS 5002 SE 107TH PLACE
CITY-ST-ZIP BELLEVUE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Antonia Jay Fernandez, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

(352) 237-2253
Date Daytime Phone #

0079034

CR2E037 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90021 032 ****61.25



DO NOT WRITE IN THIS SPACE