

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

03-14-2001 90474 017 ****61.25

DOCUMENT # N93000001853

1. Entity Name

CROOM ROAD BAPTIST CHURCH, INC.

Principal Place of Business

CROOM ROAD BAPTIST CHURCH, INC
 12016 CR 681
 WEBSTER FL 33597
 US

Mailing Address

CROOM ROAD BAPTIST CHURCH, INC
 12016 CR 681
 WEBSTER FL 33597
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3222948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, GUYLEN L SR
4759 CR 688
WEBSTER FL 33597

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	<input type="checkbox"/> Delete
NAME	CHEATHAM, BELINDA	
STREET ADDRESS	4759 CR 688	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNAH, JENEVVE	
STREET ADDRESS	4863 SW 122ND LANE	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ADAMS, AARON	
STREET ADDRESS	3723 CR 658	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEESE, ANDREW	
STREET ADDRESS	12344 CR 684	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Gibson	
STREET ADDRESS	13123 SW 39th St.	
CITY-ST-ZIP	Webster, FL 33597	
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
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:

Belinda Cheatham **Belinda Cheatham** 352 793 9778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)