

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91121 041 ****61.25

DOCUMENT # N93000001853

1. Entity Name

CROOM ROAD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3222948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEATHAM, GUYLEN L SR
4759 CR 688
WEBSTER FL 33597

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	D	<input type="checkbox"/> Delete
NAME	CHEATHAM, BELINDA	
STREET ADDRESS	4759 CR 688	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANNAH, JENEVIVE	
STREET ADDRESS	4863 SW 122ND LANE	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, AARON	
STREET ADDRESS	3723 CR 656	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, JILL	
STREET ADDRESS	13183 SW 39 ST	
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		

TITLE	DC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Roger Battles		
STREET ADDRESS	3723 CR 656		
CITY-ST-ZIP	Webster, FL 33597		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Caldwell, Isabel		
STREET ADDRESS	4890 SW 121st Rd.		
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 4-28-02 352-793 9778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)