

DOCUMENT # N94000002159

1. Entity Name
COMMUNITY BAPTIST CHURCH OF SUMMERFIELD INC.

Principal Place of Business
COMMUNITY BAPTIST CHURCH
8600 SE 126TH PLACE
BELLEVUE FL 34420
US

Mailing Address
COMMUNITY BAPTIST CHURCH
8600 SE 126TH PLACE
BELLEVUE FL 34420
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3250382 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, MONROE
6304 SE 130 TH ST.
BELLEVUE FL 34420

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|------------------------|----------------------|-------------------------------------|
| PD | IGNASZEWSKI, WALTER | 6615 S.E. 173RD PLACE | SUMERFIELD FL 34491 | <input type="checkbox"/> |
| D | JONES, GARY W | 13775 SE 88TH AV | SUMMERFIELD FL 34491 | <input checked="" type="checkbox"/> |
| TD | JOHNSON, MONROE | 6304 S.E. 130TH STREET | BELLEVUE FL 34420 | <input type="checkbox"/> |
| D | SCOTT, BERT | 9830 SE 155TH STREET | SUMMERFIELD FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|-------------------------------------------------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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: MONROE JOHNSON 1-5-01 352-245-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90017 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)