

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002159

1. Entity Name

COMMUNITY BAPTIST CHURCH OF SUMMERFIELD INC.

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90008 029 ****61.25

Principal Place of Business

Mailing Address

COMMUNITY BAPTIST CHURCH

COMMUNITY BAPTIST CHURCH

~~8600 SE 126TH PLACE~~ 9525 SE 156 PL
~~BELLEVIEW FL 34420~~
US Summerfield, FL 34491

~~8600 SE 126TH PLACE~~ Same
~~BELLEVIEW FL 34420~~ Same
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

59-3250382

Applied For

Not Applicable

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

JOHNSON, MONROE
6304 SE 130 TH ST.
BELLEVIEW FL 34420

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 PD ☐ Delete
NAME IGNASZEWSKI, WALTER
STREET ADDRESS 6615 S.E. 173RD PLACE
CITY-ST-ZIP SUMERFIELD FL 34491

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

TITLE TD ☐ Delete
NAME JOHNSON, MONROE
STREET ADDRESS 6304 S.E. 130TH STREET
CITY-ST-ZIP BELLEVIEW FL 34420

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

TITLE D ☐ Delete
NAME SCOTT, BERT
STREET ADDRESS 9830 SE 155TH STREET
CITY-ST-ZIP SUMMERFIELD FL

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

TITLE D ☐ Delete
NAME SWARTZELL, WILLIAM
STREET ADDRESS 3530 S. Pine Ave, Lot 37
CITY-ST-ZIP Ocala, FL 34471

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Monroe Johnson* TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/10/02 352-245-5900
Daytime Phone #

CR2E037 (9/01)