## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am <sup>§</sup> Secretary of State DOCUMENT # N9500000974 1. Entity Name CORNERSTONE BAPTIST CHURCH OF OCALA, INC. 02-13-2001 90579 042 \*\*\*\*61.25 Mailing Address Principal Place of Business PO BOX 830265 8862 SE 59 AVENUE OCALA FL 34483-0365 OCALA FL 34472 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3270289 Not Applicable **\$8.75** Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DURHAM, LARRY 2601 SE 38TH STREET **OCALA FL 34471** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE NAME DURHAM, LARRY NAME STREET ADDRESS 2601 SE 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 Change ☐ Addition ٧D Delete TITLE UD TITLE OLSON, JEFF C NAME Kevin Townsend NAME STREET ADDRESS STREET ADDRESS 6550 SE 88TH STREET 12 Pecan Run Pass CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 Ocala: FL=34472-Change ☐ Addition STD Delete TITLE TITLE BREWER, WILLIAM J NAME NAME Herbert Conger **5640 SE 23RD LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 28 Lake Court Loop OCALA FL 34471 Ocala. FL 34472 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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indicated on this report or supplemental report is true app 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

er like empowered

changed, or on an attachment with an address, with all ot

SIGNATURE: