

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90011 022 ****70.00

DOCUMENT # **N95000002889**

1. Entity Name

PLEASANT GROVE BAPTIST CHURCH OF MAYO, FL. INC.

Principal Place of Business

RT. 3 BOX 330 CR 350-A
 MAYO FL 32066

Mailing Address

RT. 3 BOX 330 CR 350-A
 MAYO FL 32066

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

59-3314581

Applied For

Not Applicable

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

WATERS, RANDY REV.
 RT. 3 BOX 330 CR 350-A
 OFF OF U.S. 27
 MAYO FL 32066

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

REV. RANDY WATERS

7/9/00

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

After September 13, 2000 min. will be \$236.25

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	WATERS, RANDY REV	
STREET ADDRESS	RT. 3 BOX 330 - CR350A	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, LEROY	
STREET ADDRESS	RT. 3 BOX 404 - CR350A	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRANCHE, BRUCE	
STREET ADDRESS	RT. 3 BOX 239 - US 27	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, GARY	
STREET ADDRESS	RT. 3 BOX 297 - CR534	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUTCHESON, JAMES	
STREET ADDRESS	RT. 3 BOX 330 - CR350A	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buddy Parker	
STREET ADDRESS	RT. 3 BOX 908 SR53	
CITY-ST-ZIP	mayo, FL. 32066	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Mosier	
STREET ADDRESS	Rt. 3 Box 335 - CR350-A	
CITY-ST-ZIP	mayo, FL. 32066	
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 reports 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 a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/00

(904) 294-1306

Date

Daytime Phone #

CR2E037 (5/00)