NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED

07-02-2002 90811 038 ****61.25
N96000001184

FILED
02 JUL 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 96 00000 1184 (8)

1. Entity Name

Summerfield Baptist Church, Inc.

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B0126661

2. Principal Place of Business	3. Mailing Address
10817 Dixon Dr.	P.O. Box 97
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, Fla.	City & State: Ruskin, Fla.
Zip: 33569 Country: Hillsborough	Zip: 33575 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3401064 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID P. DOUGLASS

Street Address (P.O. Box Number is Not Acceptable): 10817 DIXON DR.

City: RIVERVIEW FL Zip Code: 33569

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] DAVE P. DOUGLASS - PRESIDENT, TRUSTEE 6/23/02

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

FEE IS $61.25 Initial or Amended UBR

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	P/D/C	TITLE	
NAME	DAVID P. DOUGLASS	NAME	
STREET ADDRESS	10817 DIXON DR.	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FLA. 33569	CITY-ST-ZIP	
TITLE	T/V/S/D/C	TITLE	
NAME	JONATHAN P. DOUGLASS	NAME	
STREET ADDRESS	~~10817~~ 1103 Sable Cove	STREET ADDRESS	
CITY-ST-ZIP	RUSKIN, FLA. 33575	CITY-ST-ZIP	
TITLE	T/C	TITLE	
NAME	Paula J. Douglass	NAME	
STREET ADDRESS	10817 Dixon Dr.	STREET ADDRESS	
CITY-ST-ZIP	Riverview, Fla. 33569	CITY-ST-ZIP	
TITLE	T/C	TITLE	
NAME	Susan J. Douglass	NAME	
STREET ADDRESS	1103 Sable Cove	STREET ADDRESS	
CITY-ST-ZIP	Ruskin, Fla. 33570	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	N/A	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	N/A	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

6/23/02

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jonathan P. Douglass 6-23-02 (813) 389-7915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #