

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001184

FILED
Jan 11, 2003
Secretary of State

Entity Name: SUMMERFIELD BAPTIST CHURCH, INC.

Current Principal Place of Business:

10817 DIXON DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

1103 SABLE COVE
RUSKIN, FL 33575 US

Current Mailing Address:

PO BOX 97
RUSKIN, FL 33575

New Mailing Address:

PO BOX 97
RUSKIN, FL 33575 US

FEI Number: 59-3401064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLASS, DAVID P
10817 DIXON DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

DOUGLASS, DAVID P
1103 SABLE COVE
RUSKIN, FL 33575 US

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: DAVID P. DOUGLASS

01/11/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: DOUGLASS, DAVID P
Address: 10817 DIXON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TVSD () Delete
Name: DOUGLAS, JONATHAN D
Address: 1103 SABLE COVE
City-St-Zip: RUSKIN, FL 33575

Title: TC () Delete
Name: DOUGLASS, PAULA J
Address: 10817 DIXON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TC () Delete
Name: DOUGLASS, SUSAN J
Address: 1103 SABLE COVE
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: DOUGLASS, DAVID P
Address: P.O BOX 97
City-St-Zip: RUSKIN, FL 33575 US

Title: TSCM (X) Change () Addition
Name: DOUGLAS, JONATHAN P
Address: 1103 SABLE COVE
City-St-Zip: RUSKIN, FL 33575 US

Title: TC (X) Change () Addition
Name: DOUGLASS, PAULA J
Address: P.O. BOX 97
City-St-Zip: RUSKIN, FL 33575 US

Title: TC (X) Change () Addition
Name: DOUGLASS, SUSAN J
Address: 1103 SABLE COVE
City-St-Zip: RUSKIN, FL 33570 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN P. DOUGLASS

TSCM

01/11/2003

Electronic Signature of Signing Officer or Director

Date