

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90107 025 \*\*\*550.00

**DOCUMENT # N96000002361**

1. Entity Name

**CANDLER UNITED BAPTIST CHURCH, INC.**

(LA)

Principal Place of Business

**10461 SE MARICAMP ROAD  
 CANDLER FL 32111**

Mailing Address

**POST OFFICE BOX 151  
 CANDLER FL 32111**

00004076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3280734**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, EDWARD  
 15210 SE 104TH CT.  
 SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name **JAMES LYNCH**

Street Address (P.O. Box Number is Not Acceptable)  
**1921 N.W. 44 ST.**

City **OCALA**

**FL**

Zip Code  
**34475**

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 **James Lynch**

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 12, 2001, 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

TITLE **D** ☒ Delete  
 NAME **KEEN, HERSHEL**  
 STREET ADDRESS **7110 NE FT. KING PL.**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **TT** ☒ Delete  
 NAME **TAYLOR, ED**  
 STREET ADDRESS **15210 SE 104TH CT.**  
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **ST** ☐ Delete  
 NAME **WILSON, JAMES**  
 STREET ADDRESS **545 SILVER COURSE TERR.**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **T** ☒ Delete  
 NAME **SULFRIDGE, ESTILL**  
 STREET ADDRESS **4900 SE 102ND PL LOT A**  
 CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
 NAME **ELVIN BOLES**  
 STREET ADDRESS **47 SILVER PLACE**  
 CITY-ST-ZIP **OCALA, FL. 34472**

TITLE **TT** ☐ Change ☒ Addition  
 NAME **JAMES LYNCH-DEACON**  
 STREET ADDRESS **1921 N.W. 44 ST.**  
 CITY-ST-ZIP **OCALA, FL. 34475**

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

TITLE ☐ Change ☒ Addition  
 NAME **BENNY JACKSON**  
 STREET ADDRESS **6724 W. ANGELA CT.**  
 CITY-ST-ZIP **DUNNELLON, FL. 34433**

TITLE ☐ Change ☐ Addition  
 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

**JAMES LYNCH** **9-8-01**

CR2E037 (5/01)