

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002694

1. Entity Name
BLOUNTSTOWN CHURCH OF CHRIST, INC.

Principal Place of Business
277 SHUMAN FERRY ROAD
ALPHA FL 32421

Mailing Address
P O BOX 1041
BLOUNTSTOWN FL 32424
US

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 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATEMAN, DAVID
14701 FRONT BEACH ROAD APT 100
PANAMA CITY BCH FL 32413

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

FILE NOW: FEE IS \$61.25

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 PD
NAME SNYDER, DON
STREET ADDRESS P O BOX 452 N/A
CITY-ST-ZIP ALPHA FL ☐ Delete

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

TITLE VD
NAME BATEMAN, DAVID
STREET ADDRESS 277 SHUMAN FERRY ROAD
CITY-ST-ZIP ALPHA FL 32421 ☐ Delete

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

TITLE SD
NAME SNYDER, JOHN
STREET ADDRESS 216 ORANGE ST
CITY-ST-ZIP BLOUNTSTOWN FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME John Snyder
STREET ADDRESS 16936 NW Orange St
CITY-ST-ZIP Blountstown, FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *John Snyder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: Jan 7, 2002 DAYTIME PHONE: (904) 24-2960

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90010 003 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)