

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90074 045 \*\*\*\*61.25

0068133

**DOCUMENT # N96000002694**

1. Entity Name

**BLOUNTSTOWN CHURCH OF CHRIST, INC.**



Principal Place of Business

**277 SHUMAN FERRY ROAD  
ALTA FL 32421**

Mailing Address

**P O BOX 1041  
BLOUNTSTOWN FL 32424  
US**

2. Principal Place of Business

**13889 N.W. Shuman Ferry Rd  
Altha FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**13889 N.W. Shuman Ferry Rd**

City

**Altha**

FL

Zip Code

**32421**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John V. Snyder*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/3/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD**  Delete  
NAME **SNYDER, JOHN**  
STREET ADDRESS **16936 NW ORANGE ST**  
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS **13889 N.W. Shuman Ferry Rd**  
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 V. Snyder* **3/3/03** **850 674 2960**

CR2E037 (10/02)