

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

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

3. Mailing Address

Suite, Apt. #, etc.

Altha FL

City & State

Zip

Country

32421

US

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

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Don Snyder

3/3/03

850 174 2960

CR2E037 (10/02)