

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
 01-25-2000 90034 018 ****61.25

DOCUMENT # N96000004458

1. Entity Name

EVERGREEN BAPTIST CHURCH OF BRADFORD COUNTY, INC

Principal Place of Business

8025 NW CR 125
 NW COUNTY ROAD 125
 LAWTEY FL 32058
 US

Mailing Address

PO BOX 346
 LAWTEY FL 32058-0346
 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

59-2352115

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

GASKINS, JANICE M
5033 NW 219TH ST
LAWTEY FL 32058

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D SAPP, JOE D JR**
 STREET ADDRESS **4127 NW CR 125**
 CITY-ST-ZIP **LAWTEY FL 32058**

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

TITLE ☐ Delete
 NAME **D CRAWFORD, CECIL JR**
 STREET ADDRESS **23952 NW 60TH AVE**
 CITY-ST-ZIP **LAWTEY FL 32058**

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

TITLE ☐ Delete
 NAME **D OSTEEN, JIMMIE**
 STREET ADDRESS **5650 NW 267TH ST**
 CITY-ST-ZIP **LAWTEY FL 32058**

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

TITLE ☒ Delete
 NAME **D REDDING, ROGER A**
 STREET ADDRESS **5915 NW 267TH ST**
 CITY-ST-ZIP **LAWTEY FL 32058**

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

TITLE ☐ Delete
 NAME **D REDDING, RICHARD**
 STREET ADDRESS **3519 NW CR 125**
 CITY-ST-ZIP **LAWTEY FL 32058**

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

TITLE ☐ Delete
 NAME **D GASKINS, LANE**
 STREET ADDRESS **5024 CR 225**
 CITY-ST-ZIP **LAWTEY FL 32058**

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:

Janice M Gaskins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

904-782-3826

Date

Daytime Phone #

CR2E037 (9/99)