# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2002 8:00 am**
**Secretary of State**
01-29-2002 90043 048 ****61.25

DOCUMENT # N96000004458

1. Entity Name

EVERGREEN BAPTIST CHURCH OF BRADFORD COUNTY, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 8025 NW CR 125<br>NW COUNTY ROAD 125<br>LAWTEY FL 32058<br>US | PO BOX 346<br>LAWTEY FL 32058<br>US |

DO NOT WRITE IN THIS SPACE

| 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**

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

**7. Name and Address of New Registered Agent**

Name Lisa Sapp
Street Address (P.O. Box Number is Not Acceptable)
4127 NW CR 125
City Lawtey **FL** Zip Code 32058

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 Lisa Sapp Treasurer 1-13-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SAPP, JOE D JR<br>4127 NW CR 125<br>LAWTEY FL 32058 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRAWFORD, CECIL JR<br>23952 NW 60TH AVE<br>LAWTEY FL 32058 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OSTEEN, JIMMIE<br>5650 NW 267TH ST<br>LAWTEY FL 32058 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REDDING, RICHARD<br>3519 NW CR 125<br>LAWTEY FL 32058 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GASKINS, LANE<br>5024 CR 225<br>LAWTEY FL 32058 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Lisa Sapp SIGNATURE REQUIRED 1-13-02 904-782-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #