

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197000001336

1. Entity Name

South Walton Baptist Church, Inc.

Principal Place of Business

Mailing Address

24295 U.S. Hwy 331 South
Santa Rosa Bch, FL 32459

P. O. Box 1709
Santa Rosa Bch, FL 32459

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

59-3417697

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

Helen Holcomb

75 Leisure Lane

Santa Rosa Bch, FL 32459

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

TITLE NAME ☐ Delete
D Bishop, Vernon
P. O. Box 1182
STREET ADDRESS Santa Rosa Bch, FL 32459
CITY-ST-ZIP

TITLE NAME ☐ Delete
D Holcomb, Tom
P. O. Box 1304
STREET ADDRESS Santa Rosa Beach, FL 32459
CITY-ST-ZIP

TITLE NAME ☐ Delete
D Johnson, David
419 Pitts Bayshore Dr.
STREET ADDRESS Freeport, FL-32439
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
400004693724
STREET ADDRESS -11/26/01--01073--020
CITY-ST-ZIP *****61.25 *****61.25

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Vernon Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-01

Date

850.267-2459

Daytime Phone #

FILED

01 OCT 30 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0063028

DO NOT WRITE IN THIS SPACE

created (1/10)