

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90142 047 ****61.25

DOCUMENT # N97000004572

1. Entity Name

SHADY SEA WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

**47 SHADY SEA ST
 CRAWFORDVILLE FL 32327**

**47 SHADY SEA ST
 CRAWFORDVILLE FL 32327-4821**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3053267

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAYTON, ALVIN M
 501 EDGAR POOLE RD
 CRAWFORDVILLE FL 32327**

Name **Timothy C Skelton**

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

237 Mulberry Cir.

City **Crawfordville**

FL

Zip Code

32327

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

Timothy C Skelton

Timothy C Skelton

1/23/00

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 | PT GRAY, RANDALL R | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2919 SPRING CREEK HWY. CRAWFORDVILLE FL 32327 | |
| TITLE NAME | VT WHITFIELD, LESTER | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 81 SERAFINO LANE CRAWFORDVILLE FL 32327 | |
| TITLE NAME | ST GRAY, LOUISE | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2919 SPRING CREEK HWY CRAWFORDVILLE FL 32327 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
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|-------------------------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)