

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004572

1. Entity Name

SHADY SEA WORSHIP CENTER, INC.

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

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

Principal Place of Business

47 SHADY SEA ST
CRAWFORDVILLE FL 32327

Mailing Address

47 SHADY SEA ST
CRAWFORDVILLE FL 32327-4821

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3053267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CLAYTON, ALVIN M
501 EDGAR POOLE RD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME PT
STREET ADDRESS GRAY, RANDALL R
CITY-ST-ZIP 2919 SPRING CREEK HWY
CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME VT
STREET ADDRESS WHITFIELD, LESTER
CITY-ST-ZIP 81 SERAFINO LANE
CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME ST
STREET ADDRESS GRAY, LOUISE
CITY-ST-ZIP 2919 SPRING CREEK HWY
CRAWFORDVILLE FL 32327

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)