

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006683

1. Entity Name

EBRO BAPTIST CHURCH CORPORATION

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-06-2001 90303 010 ****61.25

Principal Place of Business

5360 CASEY ROAD
EBRO FL 32437
US

Mailing Address

P.O. BOX 7
EBRO FL 32437
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 59-3482714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKINS, EARL
5462 SAVAGE ROAD
EBRO FL 32437

*Has been
gone 2 yrs.
was not on
2000*

7. Name and Address of New Registered Agent

Name

Grady Rushing

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

325 Howell Bluff Rd.

City

Bruce

FL

Zip Code

32455

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

Grady Rushing

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-1-01

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	MR DAVID HANKS	<input type="checkbox"/> Delete
STREET ADDRESS	14600 HWY 81 S	
CITY-ST-ZIP	RED BAY FL 32455	
TITLE NAME	MR GRADY RUSHING	<input type="checkbox"/> Delete
STREET ADDRESS	325 HOWELL BLUFF RD	
CITY-ST-ZIP	BRUCE FL 32455	
TITLE NAME	MR JODY BROOKINS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5464 SAVAGE RD	
CITY-ST-ZIP	EBRO FL 32437	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

*Has been
gone 2 yrs.
was not
on 2000*

*Has been
gone 2 yrs.
was not on
2000*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Chairman of Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Early E. Wilson	
CITY-ST-ZIP	450 Howell Bluff Rd.	
TITLE NAME	Bruce, Fl. 32455	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Noah Salyers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 9	
CITY-ST-ZIP	Ebro, Fl. 32437	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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:

Grady Rushing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

850-835-4261

Daytime Phone #

CR2037 (10/00)