

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006683

1. Entity Name

EBRO BAPTIST CHURCH CORPORATION

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90099 008 ****61.25

Principal Place of Business

Mailing Address

5360 CASEY ROAD
EBRO FL 32437
US

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

7. Name and Address of New Registered Agent

RUSHING, GRADY
325 HOWELL BLUFF RD
BRUCE FL 32455

Name

WILLIAM H. WARREN

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

899 NORTH BEACH WAY

City

PANAMA CITY BEACH

FL

Zip Code

32407

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

WILLIAM H. WARREN - William H. Warren

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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
WILSON, EARLY E
450 HOWELL BLUFF RD
BRUCE FL 32455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WILLIAM H. WARREN
899 N. BEACH WAY
PANAMA CITY BEACH FL 32407 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR GRADY RUSHING
325 HOWELL BLUFF RD
BRUCE FL 32455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GLEN IVEY
5524 COW FORD RD
EBRO FL 32437 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SALYERS, NOAH
P O BOX 9
EBRO FL 32437 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 lines empowered.

SIGNATURE:

WILLIAM H. WARREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 850-819-4882

Date

Daytime Phone #

CR2E037 (9/01)