

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90003 029 ****61.25

DOCUMENT # N98000002183

1. Entity Name

LITTLE ROCK CHURCH, INC.

Principal Place of Business

780 SOUTHWEST 3RD ST
 LAKE BUTLER FL 32054

Mailing Address

P.O. BOX 57
 LAKE BUTLER FL 32054

2. Principal Place of Business

375 SOUTHEAST 7TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE BUTLER, FLORIDA

City & State

Zip

32054

Country

UNION

Country

4. FEI Number

59-3512271

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

~~BRISTOW, MARY~~
 435 SOUTHEAST 5TH AVENUE
 LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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 **D BRISTOW, MARY**
 STREET ADDRESS **435 SOUTHEAST 5TH AVENUE**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE Delete
 NAME **D GREEN, WAYNE**
 STREET ADDRESS **ROUTE 3 BOX 18**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE Delete
 NAME **D JONES, SHERRY**
 STREET ADDRESS **ROUTE 4, P.O. BOX 2877**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE Delete
 NAME **D BRISTOW, EUGENE**
 STREET ADDRESS **435 SOUTHEAST 5TH AVENUE**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE Delete
 NAME **D FILER, CATHERINE**
 STREET ADDRESS **580 SOUTHEAST 5TH AVENUE**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

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
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 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: *Mary Bristow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 (904) 446-3846
 Date Daytime Phone #

CR2E037 (5/00)