

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

005/960

DOCUMENT # N98000002183

1. Entity Name

LITTLE ROCK CHURCH, INC.

03-25-2002 90079 048 *****61.25

Principal Place of Business

Mailing Address

**375 SOUTHEAST 7TH AVE
 LAKE BUTLER FL 32054**

**P.O. BOX 57
 LAKE BUTLER FL 32054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3512271

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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	D	<input type="checkbox"/> Delete
NAME	BRISTOW, MARY	
STREET ADDRESS	435 SOUTHEAST 5TH AVENUE	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, WAYNE	
STREET ADDRESS	ROUTE 3 BOX 18	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, SHERRY	
STREET ADDRESS	ROUTE 4, P.O. BOX 2877	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRISTOW, EUGENE	
STREET ADDRESS	435 SOUTHEAST 5TH AVENUE	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILER, CATHERINE	
STREET ADDRESS	580 SOUTHEAST 5TH AVENUE	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary A. Bristow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/19/02* (386) 496-3246
 Daytime Phone #

CR2E037 (9/01)