

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90097 033 ****70.00

DOCUMENT # N98000003265

1. Entity Name

SOUTHLAND BAPTIST CHURCH INC.

Principal Place of Business

Mailing Address

**SOUTHLAND BAPTIST CHURCH
 2440 FORTUNE RD
 KISSIMMEE FL 34744**

**POST OFFICE BOX 450216
 KISSIMMEE FL 34745-0216**

DUPLICATE



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

59-3511957

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

**FRANKS, JIMMY E
 1860 SAHA COURT
 KISSIMMEE FL 34744**

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 Jimmy E. Franks Pastor

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	T	<input type="checkbox"/> Delete
NAME	VERNELSON, RONALD	
STREET ADDRESS	1135 SCHOONER DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIATT, NEAL K	
STREET ADDRESS	3101 GREAT OAKS BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENNIS, JON	
STREET ADDRESS	2286 SUNNY ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00

Date

407-870-0070

Daytime Phone #

CRSE037 (9/99)