

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-27-2001 90044 004 ****61.25

DOCUMENT # N98000003265

1. Entity Name

SOUTHLAND BAPTIST CHURCH INC.

Principal Place of Business

SOUTHLAND BAPTIST CHURCH
2440 FORTUNE RD
KISSIMMEE FL 34744

Mailing Address

POST OFFICE BOX 450216
KISSIMMEE FL 34744

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

5. Certificate of Status Desired

Input box

\$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

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

NOTE: Registered Agent Signature required when re-registering

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

Input box

\$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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include VERNELSON, RONALD; HIATT, NEAL K; ENNIS, JON; ROY HOLLAND.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. For additions/changes.

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

407-870-0070

Daytime Phone #