

# 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3511957**

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

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

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

*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.

**\$5.00 May Be  
Added to Fees .**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	<b>VERNELSON, RONALD</b>	
CITY-ST-ZIP	<b>1135 SCHOONER DR KISSIMMEE FL 34744</b>	
TITLE NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>HIATT, NEAL K</b>	
CITY-ST-ZIP	<b>3101 GREAT OAKS BLVD KISSIMMEE FL 34744</b>	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ENNIS, JON</b>	
CITY-ST-ZIP	<b>2288 SUNNY ST KISSIMMEE FL 34741</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS	<b>ROY HOLLAND</b>	
CITY-ST-ZIP	<b>468 BENT OAK LOOP DAVENPORT, FLORIDA 33837</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

*3-21-01*

Date

*407-870-0070*

Daytime Phone #