

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90004 045 \*\*\*\*61.25

**DOCUMENT # N98000003608**

1. Entity Name

**PLEASANT VALLEY BAPTIST CHURCH OF PONCE DE LEON,**

Principal Place of Business

**3100 STATE HWY. 81 SOUTH  
 PONCE DE LEON FL 32455**

Mailing Address

**3100 STATE HWY. 81 SOUTH  
 PONCE DE LEON FL 32455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4143608**

Applied For

Not Applicable

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

**SPENCE, ROBERT  
 9672 ROCK HILL ROAD SOUTH  
 PONCE DE LEON FL 32455**

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** ☐ Delete  
 NAME **HURLEY, OLIVER**  
 STREET ADDRESS **231 CHARLES RUSHING ROAD**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE ☐ Change ☒ Addition  
 NAME **Pastor**  
 STREET ADDRESS **Rev. Mike McVay**  
 CITY-ST-ZIP **1906 Pulsey Hill Road**  
**Ponce DeLeon, FL 32455**

TITLE **D** ☐ Delete  
 NAME **WEIMORTS, HARRY**  
 STREET ADDRESS **3044 STATE HWY. 81 SOUTH**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GODWIN, CHARLES**  
 STREET ADDRESS **790 SMITH ROAD**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SPENCE, ROBERT**  
 STREET ADDRESS **9672 ROCK HILL ROAD**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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: **X**

**REINSTATEMENT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Jan 11, 2001 858-836-4549**

CR2E037 (10/00)