

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90035 003 \*\*\*\*61.25

**DOCUMENT # N98000003608**

1. Entity Name

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

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

Name: **Rev. Mike McVay**  
Street Address (P.O. Box Number is Not Acceptable):  
**1906 Pusey Hill Road**  
City: **Ponce De Leon** FL Zip Code: **32455**

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 **Rev. Mike McVay**  
Signature, typed or printed name of registered agent and title if applicable.

(Pastor)  
(NOTE: Registered Agent signature required when reinstating)

**01-11-02**  
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 STREET ADDRESS CITY-ST-ZIP	<b>D HURLEY, OLIVER 231 CHARLES RUSHING ROAD PONCE DE LEON FL 32455</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEIMORTS, HARRY 3044 STATE HWY. 81 SOUTH PONCE DE LEON FL 32455</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GODWIN, CHARLES 790 SMITH ROAD DEFUNIAK SPRINGS FL 32433</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPENCE, ROBERT 9672 ROCK HILL ROAD PONCE DE LEON FL 32455</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCVAY, MIKE REV. 1906 PUSEY HILL ROAD PONCE DE LEON FL 32455</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: **Rev. Mike McVay**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850-585-6964  
850-836-8803**

CR2E037 (9/01)