

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005065

1. Entity Name

PYRON CHAPEL INDEPENDENT CONGREGATIONAL CHURCH,

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90162 009 ****61.25

Principal Place of Business

Mailing Address

6498 WILLIAM GARY JOHNSON ROAD
BAKER FL 32531

P.O. BOX 357
BAKER FL 32531-0357

00011404



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

59-3545035

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

BALL, DAVID
6498 WILLIAM GARY JOHNSON ROAD
BAKER FL 32531

Name DOROTHY BARNHILL

Street Address (P.O. Box Number is Not Acceptable)

6798 HWY 189 N

BAKER, FL

City

FL

Zip Code

32531

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 DOROTHY BARNHILL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-2000

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 BALL, DAVID
STREET ADDRESS 5221 HWY 4
CITY-ST-ZIP CRESVIEW FL 32536

TITLE D ☐ Change ☒ Addition
NAME BARROW, VONICE
STREET ADDRESS 6561 OLD RIVER RD
CITY-ST-ZIP BAKER, FL 32531

TITLE D ☐ Delete
NAME BARNHILL, DOROTHY
STREET ADDRESS 6798 HWY 189 N
CITY-ST-ZIP BAKER FL 32531

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

TITLE D ☐ Delete
NAME MARSHALL, HELEN
STREET ADDRESS 1423 VINSON RAY RD /PO BOX 307
CITY-ST-ZIP BAKER FL 32531

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7001 Hwy 189N / P.O. Box 307
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY BARNHILL

850-537-7641

1-24-2000

Daytime Phone #

CR2E037 (9/99)