2000 UNIFORM BUSINESS REPORT (UBR)

UURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # N98000005139 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name FIRST BAPTIST CHURCH AT SHADY REST. INC. 04-03-2000 90161 032 ****61.25 Principal Place of Business Mailing Address 12477 JOCELYN WAY 11409 SHADY REST COURT SPRING HILL FL 34609-9070 BROOKSVILLE FL 34601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3539887 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, JAMES R JR. 7141 MARINER BLVD. SPRING HILL FL 34609 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE ROSS, EARNEST SR. NAME NAME STREET ADDRESS STREET ADDRESS 919 RUSSELL AVENUE CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL 34453-1059 ☐ Addition Change TITLE ☐ Delete TITLE NAME SANDERS, MILLER NAME STREET ADDRESS STREET ADDRESS 11424 SHADY REST COURT CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Change Addition Delete TITLE TITLE SANDERS, CURTIS NAME STREET ADDRESS STREET ADDRESS 11955 BROAD STREET CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE FL 34601** Delete ☐ Change Addition TITLE TITLE NAME NAME yant, James C STREET ADDRESS STREET ADDRESS 12477 JOCELYN WAY CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Change Addition ☐ Delete TITLE TITLE NAME MAYO, NATHANIEL NAME STREET ADDRESS STREET ADDRESS 11642 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601 Change ☐ Addition TITLE ☐ Delete TITLE NAME GARY, JOSEPH NAME **807 TWIGG STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601 12. I hereby certify that the information supplied with this filling 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 poor 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.