

DOCUMENT # IN99000004928

1. Entity Name

TRUSTEES, SPRINGFIELD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3615 EAST THIRD STREET
PANAMA CITY FL3615 EAST THIRD STREET
PANAMA CITY FL 32401-5667

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

59-0976514

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

LITTLE, JAMES W
2726 EAST 19TH COURT
PANAMA CITY FL 32405-7202

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LITTLE, JAMES W	
STREET ADDRESS	2726 EAST 19TH COURT	
CITY-ST-ZIP	PANAMA CITY FL 32405-7202	

TITLE	V	☐ Delete
NAME	SWEARINGEN, EDWARD	
STREET ADDRESS	1900 EAST THIRD STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE	V	☐ Delete
NAME	CALFEE, HUDSON	
STREET ADDRESS	300 SOUTH GAY AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE	S	☐ Delete
NAME	GILLIKIN, CHARLES F	
STREET ADDRESS	100 MARTIN LAKE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE	T	☐ Delete
NAME	LEE, ALBERT	
STREET ADDRESS	4105 CHERRY STREET	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	

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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: JAMES W LITTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JAN 2000

Date

850-785-5041

Daytime Phone #

CR2E037 (9/99)