

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90238 001 ****61.25

DOCUMENT # N99000007107

1. Entity Name
BREWER LAKE BAPTIST CHURCH OF DAY, FLORIDA, INC.



Principal Place of Business

**POST OFFICE BOX 119
DAY FL 32013**

Mailing Address

**POST OFFICE BOX 119
DAY FL 32013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SMITH, HAROLD LLOYD
ROUTE 1, BOX 607
MAYO FL 32066**

7. Name and Address of New Registered Agent

Name **HAROLD LLOYD SMITH**
Street Address (P.O. Box Number is Not Acceptable) **175 NORTHWEST SMITH ROAD**
City **MAYO** FL Zip Code **32066**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, HAROLD LLOYD	
STREET ADDRESS	ROUTE 1, BOX 607	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DEES, KENNETH	
STREET ADDRESS	ROUTE 1, BOX 889	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUCHANAN, MARVIN	
STREET ADDRESS	ROUTE 1, BOX 889	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, DOYLE	
STREET ADDRESS	ROUTE 1, BOX 669	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, CHARLIE	
STREET ADDRESS	ROUTE 1, BOX 775	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORTON, JOHN D	
STREET ADDRESS	ROUTE 1, BOX 736	
CITY-ST-ZIP	MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Harold Lloyd Smith**

Harold Lloyd Smith

Date

Daytime Phone #

CR2E037 (10/02)