

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

DOCUMENT # **N 99 000007480**

1. Entity Name

CSILOAM BAPTIST CHURCH INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12977 N.W. 35TH STREET

Suite, Apt. #, etc.

3. Mailing Address
12977 N.W. 35TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
592933825

Applied For
Not Applicable

Zip
34482

Country

Zip
34482

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DANIEL HICKS

Street Address (P.O. Box Number is Not Acceptable)
2303 S.E. 17TH STREET

City
OCALA

FL

Zip Code
34475

*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

FEE IS \$61.25
Initial or Amended UBR

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
**PRESIDENT
JAY HOSPKINS, 1731 N.E. 61ST PLACE
OCALA, FL 34479**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE-PRESIDENT
ERNSET HARRELL
2999 120TH AVE
OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER
DONALD STAFFORD
3023 N.W. 117TH COURT.
OCALA, FL 34482**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2002

Date

(352) 622-6019

Daytime Phone #

FILED

02 FEB 14 AM 9 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037B (12/01)