

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-18-2000 90320 031 ****61.25

DOCUMENT # 727864

1. Entity Name
MARIANNA BAPTIST TEMPLE, INCORPORATED R

Principal Place of Business Mailing Address

2494 HWY 71 S 2494 HWY 71 S
MARIANNA FL 32244-253 MARIANNA FL 32448-2536
US US

2. Principal Place of Business 3. Mailing Address

____ Suite, Apt. #, etc. ____ Suite, Apt. #, etc. **DO NOT WRITE IN THIS SPACE**

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

RAY JR, JOHNNIE
1971 HOPE SCHOOL DR.
MARIANNA FL 32448-74-1

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXENDINE, GARY U	NAME	Kirk S. Whitehead
STREET ADDRESS	3193 ADAMS ST.	STREET ADDRESS	1870 Mutual Road
CITY-ST-ZIP	COTTONDALE FL 32431	CITY-ST-ZIP	Cottondale, FL 32431-7778
TITLE	PD <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, JOHNNIE JR	NAME	Travis Smith
STREET ADDRESS	1971 HOPE SCHOOL DR.	STREET ADDRESS	2330 Down Home Rd.
CITY-ST-ZIP	MARIANNA FL 32448	CITY-ST-ZIP	Grand Ridge, FL 32442
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, ANNE	NAME	Timothy Sanders
STREET ADDRESS	1971 HOPE SCHOOL DR.	STREET ADDRESS	2345 Sapp Road
CITY-ST-ZIP	MARIANNA FL	CITY-ST-ZIP	Cottondale, FL 32431
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, TIM	NAME	_____
STREET ADDRESS	2345 SAPP ROAD	STREET ADDRESS	_____
CITY-ST-ZIP	ALFORD FL 32431	CITY-ST-ZIP	_____
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JENNIFER	NAME	_____
STREET ADDRESS	2345 SAPP RD.	STREET ADDRESS	_____
CITY-ST-ZIP	ALFORD FL 32431	CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete	TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	NAME	_____
STREET ADDRESS	_____	STREET ADDRESS	_____
CITY-ST-ZIP	_____	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 REQUIRED** *Pastor Rev. Johnnie R. Ray, Jr.* *Johnnie R. Ray, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5-31-00* Daytime Phone: *(850) 482-2869*

CR2E037 (9/99)