

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90079 005 ****65.25

DOCUMENT # 727864

1. Entity Name

MARIANNA BAPTIST TEMPLE, INCORPORATED

Principal Place of Business

Mailing Address

2494 HWY 71 S
 MARIANNA FL 62244-253
 US

2494 HWY 71 S
 MARIANNA FL 62244-253
 US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Timothy N. Sanders**

Street Address (P.O. Box Number is Not Acceptable)

2345 Sapp rd.

City **Cottondale**

FL

Zip Code **32431**

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 *Timothy N. Sanders*

Timothy N. Sanders - Pastor 4-21-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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
NAME	OXENDINE, GARY U	
STREET ADDRESS	3193 ADAMS ST.	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAY, JONNIE JR	
STREET ADDRESS	1971 HOPE SCHOOL DR.	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, KIRK S	
STREET ADDRESS	1870 MUTUAL ROAD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, TIMOTHY	
STREET ADDRESS	2345 SAPP ROAD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, TRAVIS	
STREET ADDRESS	2330 DOWN HOME RD.	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXendine, Gary U	
STREET ADDRESS	3193 Adams St.	
CITY-ST-ZIP	Cottondale FL 32431	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray, Jonnie JR	
STREET ADDRESS	1971 Hope School Dr.	
CITY-ST-ZIP	Marianna FL 32448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanders, Timothy N	
STREET ADDRESS	2345 Sapp Rd.	
CITY-ST-ZIP	Cottondale FL 32431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, John	
STREET ADDRESS	2360 Franklin Loop	
CITY-ST-ZIP	Marianna FL 32446	

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: *Timothy N. Sanders* **Timothy N. Sanders 4-21-01 (850) 579-4517**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)