

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

0068657

DOCUMENT # 727864

1. Entity Name
MARIANNA BAPTIST TEMPLE, INCORPORATED



04-28-2003 91369 038 ****61.25

Principal Place of Business Mailing Address
2494 HWY 71 S **2494 HWY 71 S**
MARIANNA FL 62244-253 **MARIANNA FL 62244-253**
US **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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, TIMOTHY N
2345 SAPP RD
COTTONDALE FL 32431

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **OXENDINE, GARY U.**
STREET ADDRESS **3193 ADAMS ST.**
CITY-ST-ZIP **COTTONDALE FL 32431**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **RAY, JONNIE JR**
STREET ADDRESS **1971 HOPE SCHOOL DR.**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD SANDERS, TIMOTHY**
STREET ADDRESS **2345 SAPP ROAD**
CITY-ST-ZIP **COTTONDALE FL 32431**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SMITH, TRAVIS**
STREET ADDRESS **2330 DOWN HOME RD.**
CITY-ST-ZIP **GRAND RIDGE FL 32442**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: *Timothy Sanders* **Timothy Sanders** Date: **4/23/03** Daytime Phone #: **(850) 579-4517**

CR2E037 (10/02)