


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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90239 013 \*\*\*\*70.00

**DOCUMENT # 703957**

1. Entity Name  
**FLORIDA BAPTIST SCHOOLS, INC.**



Principal Place of Business      Mailing Address

**504 SOUTH OAKWOOD AVENUE  
BRANDON FL 33511**      **P.O. BOX 2758  
BRANDON FL 33509**

2. Principal Place of Business      3. Mailing Address

**706 Dew Bloom Rd.**      **same**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Brandon, FL 33511**      **Brandon, FL 33511**

Zip      Country      Zip      Country

**33511**      **Hillsborough**      **33511**      **FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7202810**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKLAND, H.R.  
712 DEW BLOOM ROAD  
BRANDON FL 33511**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTR GURGEL, DAVID G 104 ELAINE DR AUBURNDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STR READ, JOHNNY M 1539 AUBURN OAKS CIRCLE AUBURNDALE FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TR THOMPSON, TIM E 1310 NE 2ND ST MULBERRY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TR SOVINE, CRAIG 203 BALL PARK AVE SEFFNER, FL 33584</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D KIRKLAND, H.R. 712 DEW BLOOM ROAD BRANDON FL 33511</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TR GARNER, ALBERT 6210 ORANGE VALLEY CIRCLE LAKELAND FL 33813</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TR LANIER, CLYDE W 456 AVENUE H SOUTHEAST WINTER HAVEN FL 33880</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: H. Kirkland      **REQUIR: R. Kirkland**      2/10/03 813/684-1389

CR2E037 (10/02)