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

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 707733

1. Entity Name

## THE FIRST BAPTIST CHURCH OF ST. CLOUD, FLORIDA, INCORPORATED



## FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90374 033 \*\*\*\*61.25

INCORPO	RATED		1	WE I'S				
Principal Place of Business Mailing Address								
1717 13TH ST		1717 13TH ST.						
ST. CLOUD FL	. 34769	ST. CLOUD FL 34769 US						
		us			11800111001110011	A	<b>a</b> n anan man anan a	<b>e</b> u lulu ( <b>fi</b> i
2. Principal F	Place of Business	3. Mailing Address						
		<u> </u>			( +0.01)    0.01)  0.01	1861       20     11  20   11  U	01  8(8)  \$1811 B1511 B1	8H 618H 188H
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Ctra		07.00			d FFI Number To A 400 and			
City & State		City & State			4. FEI Number 59-1163072		<del></del>	pplied For lot Applicable
Zip Country		Zip	Country	_ \$8.75 Additional			<del></del>	
		·			5. Certificate of Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registe	ered Agent	
			Name_					
	EK, JULES III		Street Address (P.O. Box Number is N			ot Acceptable)		
1717 13TH ST SAINT CLOUD FL 34769							<del></del>	
SAINT C	COD FE 34769							
			City				FL Zip Coo	ie
8. The above	named entity submits this statement fo	r the purpose of changing it	s registered office o	r register	red agent, or both, in t	he State of Florida.	I am familiar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent.	Old) alderland k altit bee	TE: Registered Agent signa	dura rapidira	tubos reinetatios		DATE	
	Signature, typed or printed name or registered agent.	and the rapplicable. (NO	TE: Registered Agent signa	iture required	1 When remstating)		,	
		9 Floation Co	mpoign Financing		05.00	Maka C	haale Davabla	
FILE NOW: FEE IS \$61.25  9. Election Campaign F Trust Fund Contribut					\$5.00 May Be Added to Fees		heck Payable epartment of	
•						Tionau Di	sparament of	Julio
10.	OFFICERS AND DIS	RECTORS	11.		ADDITIONS/CHANGE		ID DIRECTORS I	V 10
TITLE	C	Delete	TITLE	C_	by Joseph SE 10th	1 -	☐ Change	🔀 Addition
NAME	CANNATA, PETE		NAME STREET ADDRESS	Tr	by Joseph	hsen C		,
STREET ADDRESS CITY-ST-ZIP	5372 WHISPERING PINE CIRCLE		STREET ADDRESS CITY-ST-ZIP	16 2	cloud, FL	57・ ラルコフ l		}
TITLE	ST. CLOUD FL 34177-1 PD	Delete	TITLE	54	Cloud, PL	34111	Change	Addition
NAME .	COLLIER, THOMAS C	The lette	NAME				☐ Change	☐ Magnition
STREET ADDRESS	2900 GREEN ACRES ROAD		STREET ADDRESS					
CITY-ST-ZIP	ST CLOUD FL 34772		CITY-ST-ZIP	1				
TITLE	VD	Delete	TITLE	VD	. 1		☐ Change	Addition
NAME	GARON, GARY	•	NAME	Bill	Wade the	oct.		
STREET ADDRESS	P.O. BOX 700314		STREET ADDRESS	481	3 Jeane In	クリオフ		
CITY-ST-ZIP	ST. CLOUD FL 34770-0314		CITY-ST-ZIP	St	Wade 3 Jeanette Cloud, Fl	_ 34///		
TITLE	TACKETT TODDECAN	☐ Delete	TITLE	TD			Change	☐ Addition
NAME STREET ADDRESS	TACKETT, TORREON		NAME STREET ADDRESS					
CITY-ST-ZIP	P.O. BOX 700686 ST CLOUD FL 34770-0686		CITY-ST-ZIP					}
TITLE	S	□ Delete	TITLE		<del></del>		Change	☐ Addition
NAME	JOHNSTON, WILLIAM	□ Detete	NAME	SD			Change	Addition
STREET ADDRESS	2930 MICHABEL DRIVE		STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL 34771		CITY-ST-ZIP					
TITLE	DT	Delete	TITLE				☐ Change	Addition
NAME	WEISS, ALDEN	, · · · · · ·	NAME				-	
STREET ADDRESS	1404 CHISHOLM RIDGE COURT		STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL 34771	<u>.</u>	CITY-ST-ZIP	<u> </u>			<del></del>	
12. I hereby o	certify that the information supplied with	this filing does not qualify to	or the exemption sta	ited in Se	ection 119.07(3)(i). Flo	rida Statutes. I furthe	er certify that the i	nformation (

12. Thereby 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: WILLIAM C. JOHNSTON, SECRE

4/27/03 (407)