2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90640 030 ****61.25

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DOCUMENT # 709628

1. Entity Name

FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, F
LORIDA

Principal Place of Business	Mailing Address
4995 CENTRAL AVE POB 908 DELEON SPRINGS FL 32130	4995 CENTRAL AVE POB 908 DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

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 59-1494213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, WESLEY 340 PONCE DELEON BOULEVARD DE LEON SPRINGS FL 32130	Name: Bill Hester Street Address (P.O. Box Number is Not Acceptable): 4455 Cave Lake Road DeLeon Springs, FL 32130 City: DeLeon Springs FL Zip Code: 32130

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: Bill G Hester 1/27/2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPELAND, AL 4654 ORANGE DRIVE NORTH DELEON SPRINGS FL 32130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUTCHERSON, RANDY PO BOX 441 PIERSON FL 32180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Bob Gast 1855 Cortez Drive DeLeon Springs, FL 32130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABBOTT, JOSEPH 217 CATALONIA AVENUE DELEON SPRINGS FL 32130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PURCELL, LEON M PO BOX 441 PIERSON FL 32180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HESTER, BILL 4455 CAVE LAKE ROAD DELEON SPRINGS FL 32430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, WESLEY 340 PONCE DELEON BLVD DE LEON SPRINGS FL 32130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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] 3/14/02 386-985-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #