## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 718962** 1. Entity Name FIRST BAPTIST CHURCH OF WHITE CITY, INC. 02-01-2001 90024 044 \*\*\*\*61.25 Mailing Address Principal Place of Business 903 MIDWAY RD. 903 MIDWAY RD. FT. PIERCE FL 34982 FT. PIERCE FL 34982 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1974012 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SORRELL, ALBERT D. 116 INDIAN HILLS DR. FT. PIERCE FL 34982 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to \$5.00 May Be FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITLE ☐ Delete TITLE SORRELL, ALBERT D. NAME NAME 116 INDIAN HILLS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Addition Change Delete TITLE TITLE LANDFRIED, LEE NAME NAME STREET ADDRESS 2109 S.W. GEMINI LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL Change ■ Addition Delete TITLE TITLE NUCKOLS, EDGER NAME NAME 5601 SILVEROAK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Change M Addition Delete TITI F KRUTKE, GERALD M NAME NAME STREET ADDRESS STREET ADDRESS 8594 SE FLORENCE DR CITY-ST-ZIP PORT SAINT LUCIE FL 34952 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JONES, W F NAME NAME STREET ADDRESS STREET ADDRESS 181 EL SITO CT CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CHURCH, U.S. NAME NAME STREET ADDRESS 269 NIGHTINGALE AVE STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**FILED**