

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90796 047 \*\*\*\*61.25

**DOCUMENT # 718962**

1. Entity Name

**FIRST BAPTIST CHURCH OF WHITE CITY, INC.**

Principal Place of Business

Mailing Address

**903 MIDWAY RD.  
 FT. PIERCE FL 34982**

**903 MIDWAY RD.  
 FT. PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1974012**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORRELL, ALBERT D.  
 116 INDIAN HILLS DR.  
 FT. PIERCE FL 34982**

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.

SIGNATURE \_\_\_\_\_

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	<b>D</b> <b>SORRELL, ALBERT D.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>116 INDIAN HILLS DR.</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	
TITLE NAME	<b>D</b> <b>LANDFRIED, LEE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2109 S.W. GEMINI LN</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE NAME	<b>D</b> <b>KRUTKE, GERALD M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8594 SE FLORENCE DR</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>	
TITLE NAME	<b>D</b> <b>JONES, W F</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>181 EL SITO CT</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34983</b>	
TITLE NAME	<b>D</b> <b>CHURCH, U.S.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>269 NIGHTINGALE AVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34982</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>D</b> <b>MACK, RAYMOND</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>378 BAYSINGER DR.</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34982</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_

*Albert Sorrell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-02**  
 Date

**561-462-1650**  
 Daytime Phone #

CR2E037 (9/01)