

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90215 032 ****61.25

DOCUMENT # 718962

1. Entity Name

FIRST BAPTIST CHURCH OF WHITE CITY, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-1974012**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **TD** Delete
SORRELL, ALBERT D.
STREET ADDRESS
CITY-ST-ZIP **116 INDIAN HILLS DR.
FT. PIERCE FL**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** Delete
KRUTKE, GERALD M
STREET ADDRESS
CITY-ST-ZIP **8594 SE FLORENCE DR
PORT SAINT LUCIE FL 34952**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** Delete
JONES, W F
STREET ADDRESS
CITY-ST-ZIP **181 EL SITO CT
PORT SAINT LUCIE FL 34983**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** Delete
CHURCH, U.S.
STREET ADDRESS
CITY-ST-ZIP **269 NIGHTINGALE AVE
FORT PIERCE FL 34982**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** Delete
MACK, RAYMOND
STREET ADDRESS
CITY-ST-ZIP **378 BAYSINGER DR
FORT PIERCE FL 34982**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change 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* **ALBERT SORRELL**

- 1-15-03 772-462-1650

CR2F037 (10/02)