

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721994

1. Entity Name

CHOCTAW BEACH FIRST BAPTIST CHURCH, INC.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 023 ****61.25

Principal Place of Business

263 PERSIMMON ST
ROUTE BOX 128J4
FREEPORT FL 32439
US

Mailing Address

263 PERSIMMON ST
RT. BOX 128J4
FREEPORT FL 32439
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6503118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCAIN, MANEY
608 SATSUMA ST
NICEVILLE FL 32578

MAX A KELLY
14580 Hwy. 20 West
Niceville, FL 32578

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 *MAX A KELLY*

Signature, typed or printed name of registered agent and title if applicable.

MAX A KELLY

(NOTE: Registered Agent signature required when reinstating)

3-1-02

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 PD. KELLY, MAX A ☐ Delete
STREET ADDRESS 14580 HWY. 20 W.
CITY-ST-ZIP NICEVILLE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME OVERTON, R. KLARA ☐ Delete
STREET ADDRESS ROUTE ONE
CITY-ST-ZIP FREEPORT FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME BATES, DANIEL W ☐ Delete
STREET ADDRESS RT. 1 BOX 125 N/A
CITY-ST-ZIP FREEPORT FL

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME BARBER, HAROLD ☐ Delete
STREET ADDRESS 1504 PINE ST
CITY-ST-ZIP NICEVILLE FL 32578

TITLE NAME *Dawkins, Donald* ☐ Change ☒ Addition
STREET ADDRESS *409 Persimmon*
CITY-ST-ZIP *Freeport, FL 32439*

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

MAX A KELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

850 897 4112

Daytime Phone #

CR2E037 (9/01)