

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90060 027 \*\*\*\*61.25

**DOCUMENT # 726797**

**1. Entity Name**  
**FREEPORT CHURCH OF CHRIST, INC.**

<b>Principal Place of Business</b> U.S. HWY. 331 SOUTHCHOCTAWHATCHEE IDGE RD/PO BOX 66 FREEPORT FL 32439 US	<b>Mailing Address</b> U.S. HWY. 331 SOUTH/CHOCTAWHATCHEE IDGE RD/PO BOX 66 FREEPORT FL 32439 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 59-1951396		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>							
<b>CUCHENS, HUBERT E</b> <b>WEST BAYLOOP RD.</b> <b>1811 W. BAYLOOP ROAD</b> <b>FREEPORT FL 32439</b>				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** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GIBSON, LARRY R</b> <b>272 BOUNDARY LINE ROAD</b> <b>FREEPORT FL 32439</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WEBB, ERNEST HOYT</b> <b>179 JOLLY BAY RD PO BOX 175</b> <b>FREEPORT FL 32439</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BYRD, JERRY L</b> <b>251 BLUE LAKE ROAD</b> <b>SANTA ROSA BEACH, FL. 32459</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>CUCHENS, HUBERT E</b> <b>1811 W. BAYLOOP ROAD</b> <b>FREEPORT FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:** *Hubert E. Cuchens* **HUBERT E. CUCHENS** 2/4/02 850-835-2544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)