5/1(
5/10

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State
05-10-2001 90177 025 ****61.25

DOCUMENT # 732331

1. Entity Name

FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA, IN

Principal Place of Business	Mailing Address
1200 ~~NW~~ SW 12TH AVE. P.O. BOX 67 LAKE BUTLER FL 32054	1200 ~~NW~~ SW 12TH AVE. P.O. BOX 67 LAKE BUTLER FL 32054

LA

[redacted]

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☒ Not Applicable

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
MCDAVID, TERRY 200 NORTH MARION STREET LAKE CITY FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE	~~PD~~ OFFICER D		TITLE	~~TREASURER~~ OFFICER D	
NAME	TORBERT, WILLIAM E		NAME	Danny Kent	
STREET ADDRESS	ROUTE 3 BOX 615		STREET ADDRESS	Rt 2 Box 189	
CITY-ST-ZIP	LAKE BUTLER, FL 00000		CITY-ST-ZIP	Lake Butler, Florida 32054	
TITLE	~~SD~~ OFFICER D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDREWS, WAYNE		NAME		
STREET ADDRESS	RT 4 BOX 3582		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER, FL 00000 32054		CITY-ST-ZIP		
TITLE	~~SD~~ TREASURER D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MELTON, OTIS		NAME		
STREET ADDRESS	~~3075 CHURCH ST~~ 307 S Church St.		STREET ADDRESS		
CITY-ST-ZIP	STARKE, FL 00000		CITY-ST-ZIP		
TITLE	~~Danny Kent~~	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	~~Rt 2 Box 189~~		NAME		
STREET ADDRESS	~~Lake Butler, Florida 32054~~		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/00)

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: Otis Melton OTIS MELTON April 28, 2001 904-964-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #