


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

0000415

DOCUMENT # 739739

1. Entity Name
FIRST CHURCH OF GOD OF MIDDLEBURG, INC.



FILED
03 OCT -2 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**3965 OLD JENNINGS ROAD
MIDDLEBURG FL 32068**

Mailing Address
**3965 OLD JENNINGS ROAD
MIDDLEBURG FL 32068
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-2155034**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCLAIN, JESSE
3965 OLD JENNINGS RD.
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

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 *Jesse S. McLain* *Jesse S. McLain* 7/10/03
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
After September 10, 2003, min will be \$236.25

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	HORTON, DAVID	
STREET ADDRESS	518 ARTHUR MOORE DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PHYLLIS	
STREET ADDRESS	1143 CACTUS CUT ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLAIN, JESSE	
STREET ADDRESS	3965 OLD JENNINGS RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAUCOM, CREACY	
STREET ADDRESS	1001 DOSHIRE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Horton	
STREET ADDRESS	518 Arthur Moore Dr.	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000023518800	
STREET ADDRESS	10/02/03--D1073--021 **236.25	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tanya MacLay	
STREET ADDRESS	4058 Wagon Wheel Ct.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *David H. Horton* **DAVID H. HORTON** 9-22-03

CR2E037 (4/03)