## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # 741088** 1. Entity Name HAMMOCK FIRST BAPTIST CHURCH, INC. 03-01-2001 90010 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 5328 N OCN SHR DR. PLM. COAST. FL 32307 5328 N OCN SHR DR, PLM. COAST, FL 32307 PO BOX 792 PO BOX 792 FLAGLER BEACH FL 32137-3213 FLAGLER BEACH FL 32137-3213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1846794 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BURGESS, DONALD AURA TEST 27 BLAIRMORE PLACE PALM COAST FL 32137 Zip Code ろょし 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) TITLE ☐ Delete TITLE ☐ Addition **GUTHRIE, HAROLD** NAME NAME 3 APACHE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PALM COAST FL 32137 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE ROSS, LOIS NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 1173 CITY - ST - ZIP CITY-ST-ZIP FLAGLER BCH FL 32136 ☐ Delete Change ☐ Addition TITLE TITLE CHAMBERS, JOHN NAME NAME STREET ADDRESS 40 FEDERAL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Change TITLE ☐ Delete TITLE Addition CHAMBERS, SINDY NAME NAME STREET ADDRESS 40 FEDERAL DR. STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP president Tuley Change TITLE ☐ Addition TITLE - Delete BURGESS: DONALD NAME 31 FIRST AUE 27 BLAIRMORE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition UPTON, DIANE NAME NAME STREET ADDRESS 9 DEBRA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 12. Thereby 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: