

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90226 008 ****61.25

DOCUMENT # 741088

1. Entity Name

HAMMOCK FIRST BAPTIST CHURCH, INC.



Principal Place of Business

5328 N OCN SHR DR. PLM. COAST. FL 32307
PO BOX 792
FLAGLER BEACH FL 32137-3213

Mailing Address

5328 N OCN SHR DR. PLM. COAST. FL 32307
PO BOX 792
FLAGLER BEACH FL 32137-3213

2. Principal Place of Business

5328 N. Ocean Shore Blvd
Suite, Apt. #, etc.

3. Mailing Address

5328 N. Ocean Shore Blvd
Suite, Apt. #, etc.

City & State

Palm Coast Florida

City & State

Palm Coast Florida

Zip

32137

Country

USA

Zip

32137

Country

USA

4. FEI Number **59-1846794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TULEY, GERALD
31 FIRST AVE
PALM COAST FL 32137

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **GUTHRIE, HAROLD**
STREET ADDRESS **3 APACHE AVE.**
CITY-ST-ZIP **PALM COAST FL 32137**

☐ Delete

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

TITLE **D**
NAME **ROSS, LOIS**
STREET ADDRESS **P O BOX 1173**
CITY-ST-ZIP **FLAGLER BCH FL 32136**

☒ Delete

TITLE **D**
NAME **Raymond Woodard**
STREET ADDRESS **35 Osceola Ave.**
CITY-ST-ZIP **Palm Coast FL 32137**

☒ Change ☐ Addition

TITLE **D**
NAME **CHAMBERS, JOHN**
STREET ADDRESS **40 FEDERAL DR.**
CITY-ST-ZIP **PALM COAST FL 32137**

☒ Delete

TITLE **D**
NAME **Jeff McKay**
STREET ADDRESS **2 Fir Tree Lane**
CITY-ST-ZIP **Palm Coast, FL 32137**

☒ Change ☐ Addition

TITLE **S**
NAME **CHAMBERS, SINDY**
STREET ADDRESS **40 FEDERAL DR.**
CITY-ST-ZIP **PALM COAST FL 32137**

☒ Delete

TITLE **S**
NAME **Secretary LaJuana McKay**
STREET ADDRESS **2 Fir Tree Lane**
CITY-ST-ZIP **Palm Coast, FL 32137**

☒ Change ☐ Addition

TITLE **P**
NAME **TULEY, GERALD**
STREET ADDRESS **31 FIRST AVE**
CITY-ST-ZIP **PALM COAST FL 32137**

☐ Delete

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

TITLE **T**
NAME **UPTON, DIANE**
STREET ADDRESS **9 DEBRA LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

☐ Delete

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

CR2E037 (10/02)