

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

DOCUMENT # 747892

1. Entity Name

FIRST BAPTIST CHURCH of Ft. McCoy, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11350 NE Hwy 316

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 480

Suite, Apt. #, etc.

City & State

FORT MCCOY FL

City & State

FORT MCCOY FL

Zip

32134

Country

Zip

Country

4. FEI Number

59-2125975

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sam Pritchard

Street Address (P.O. Box Number is Not Acceptable)

15307 NE 146 Court

City

Fort McCoy

FL

Zip Code

32134

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

S.M. Pritchard

S.M. Pritchard, Sec/Treas.

7/10/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President, Director	Earl Starling	3235 NE 160 St.	MITRA FL 32113
Secretary/Treasurer, Director	Sam Pritchard	15307 NE 146 Court	Fort McCoy FL 32134
Vice-President, Director	Richard Bailey	23141 NE 112 Court	Orange Springs FL 32182
Director	Richard Goolsby	170 Almond Rd.	Ocala FL 34472

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

300006592403--4

-07/23/02--01055--010

*****70.00 *****70.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *S.M. Pritchard* S.M. Pritchard

7/10/02 352 236-5564