

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB 22 PM 3:38

Reinstate

DOCUMENT # 748 701
1. Entity Name
The First Baptist Church of Palmetto, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1020 4th St. W 3. Mailing Address 1020 4th St. W
Suite, Apt. #, etc. Suite, Apt. #, etc.

01-02
DO NOT WRITE IN THIS SPACE

City, State Palmetto, FL City, State Palmetto, FL 4. FEI Number 59-0766975 Applied For Not Applicable
Zip 34221 Country USA Zip 34221 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Dr. Michael B. Parris
Street Address (P.O. Box Number is Not Acceptable) 1020 4th St. W
City Palmetto FL Zip Code 34221

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 Michael B. Parris DATE 2/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>CD Duane Bustle 2201 5th St. W Palmetto, FL 34221-4207</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300005049469-- -03/06/02--01022--020 ****297.50 ****297.50</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD Virgil Mills 3304 7th St. Cir W Palmetto, FL 34221</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD Robert Daymon 3209 92nd Ave E Parrish, FL 34219</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S Joyce Thomas 334 Colony Dr N Ellenton, FL 34222-3619</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AP 2/24</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.
SIGNATURE: [Signature] DATE 2-7-2002 DAYTIME PHONE # 941-722-7195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2002B (2/01)