

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758930

1. Entity Name

FORT WHITE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 187
FORT WHITE FL 32038
US

P.O. BOX 187
FORT WHITE FL 32038
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2890901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, WILBUR
CORNER OF BRYANT AND EAST WALES STREET
FT. WHITE FL 32038

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
DIX, WILLIAM G.
CR ROAD 778 OFF US 27S
FORT WHITE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTR
William R. Dence
R#2 Box 6404 SW Pleasant Terr.
Fort White, FL 32038 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
FLOYD, EDWARD
COR OF CR 18 & MEMORIAL DRIVE
FT WHITE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DIX, RUTH
CR 778 OFF US 27S
FT WHITE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Wenonah J. Dence
R#2 Box 6404 SW Pleasant Terr.
Fort White, FL 32038 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
EDWARDS, LORINE
COR N BRYANT & E. WALES STREET
FT. WHITE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
REVELS, JANICE
CABOOSE RD
FT WHITE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTR
EDWARDS, WILBUR
COR OF N BRYANT & E WALES STREET
FT. WHITE FL ☐ Delete

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

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

Perlene Edwards 1-28-02 497-3055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE