

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90205 020 ****61.25

0001805

DOCUMENT # N00000000044

1. Entity Name

FIRST COMMUNITY CHURCH OF PALMETTO INC.

Principal Place of Business

Mailing Address

1107 29TH STREET EAST
 PALMETTO FL 34221-2413

PO BOX 156
 PALMETTO FL 34220-0156

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

65-0988515

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

CARTER, OLIN
141326TH STREET EAST
PALMETTO FL 34221

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 **PS** ☐ Delete
 NAME **CARTER, FREDDIE**
 STREET ADDRESS **1413-26TH STREET EAST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **ST** ☐ Change ☒ Addition
 NAME **Gwenevere L. Robinson**
 STREET ADDRESS **1810 14th Street West**
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **D** ☐ Delete
 NAME **CARTER, OLIN**
 STREET ADDRESS **1413-26TH STREET EAST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **T** ☐ Change ☒ Addition
 NAME **Kathy Clemons**
 STREET ADDRESS **719 29th St. E**
 CITY-ST-ZIP **Palmetto FL 34221**

TITLE **D** ☐ Delete
 NAME **LUCAS, BOBBY**
 STREET ADDRESS **3312-5TH DRIVE WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Change ☒ Addition
 NAME **George W. Williams**
 STREET ADDRESS **1319 33rd St East**
 CITY-ST-ZIP **Palmetto FL 34221**

TITLE **D** ☐ Delete
 NAME **MURRAY, FLOYD**
 STREET ADDRESS **503-25TH STREET WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☒ Delete
 NAME **WASHINGTON, OLLIE**
 STREET ADDRESS **3117-9TH AVE DRIVE EAST**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☒ Delete
 NAME **PIERRE, EDMUND**
 STREET ADDRESS **PO BOX 1626**
 CITY-ST-ZIP **PALMETTO FL 34220**

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:

OLIN CARTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 745-7433
 Date Daytime Phone #

CR2E037 (9/01)