

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90266 027 \*\*\*\*61.25

**DOCUMENT # N00000005219**

1. Entity Name

**BAPTIST MISSION TO ENGLAND, INC.**

Principal Place of Business

Mailing Address

**1754 TERRA COTA COURT  
 ORLANDO FL 32825**

**1754 TERRA COTA COURT  
 ORLANDO FL 32825**

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

**59-3663237**

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

**B&C CORPORATE SERVICES OF CENTRAL FLA. INC  
 390 NORTH ORANGE AVENUE  
 SUITE 1100  
 ORLANDO FL 32801**

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	<b>D SMITH, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1754 TERRA COTA COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE NAME	<b>D SMITH, SARA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1754 TERRA COTA COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE NAME	<b>D SMITH, JARED</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1754 TERRA COTA COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SMITH  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 2002 870-946-2799  
 Date Daytime Phone #