

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90055 017 ****61.25

DOCUMENT # N00000007824

1. Entity Name

THE FIRST BAPTIST CHURCH OF PALATKA, INC.

Principal Place of Business

Mailing Address

**501 OAK STREET
PALATKA FL 32177**

**501 OAK STREET
PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0714834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RABUN, CHARLES T JR
501 OAK STREET
PALATKA FL 32177**

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 **DP** ☐ Delete
NAME **BATES, BEN**
STREET ADDRESS **RT 7 BOX 298**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Scurry, Jack**
STREET ADDRESS **2114 Diana Dr.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ Delete
NAME **GERMANY, WILLIAM**
STREET ADDRESS **113 SUNSET POINT RD**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **DV** ☐ Change ☒ Addition
NAME **Turner, Bill**
STREET ADDRESS **6170 A1A S. #302**
CITY-ST-ZIP **St. Augustine, FL**

TITLE **DS** ☐ Delete
NAME **DUPONT, MICHAEL**
STREET ADDRESS **RT 2 BOX 175**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **D** ☐ Change ☒ Addition
NAME **Zetrouer, Raiford**
STREET ADDRESS **2104 Crill Ave.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **DT** ☐ Delete
NAME **ROWE, JOHN D**
STREET ADDRESS **RT 5 BOX 1822**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Baker, Mary**
STREET ADDRESS **320 North 3rd St.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ Delete
NAME **HADDOCK, MARION C**
STREET ADDRESS **600 FERN STREET**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Murphy, Peggy**
STREET ADDRESS **143 Walton Rd**
CITY-ST-ZIP **East Palatka, FL 32131**

TITLE **D** ☒ Delete
NAME **JOYNER, FRANK P**
STREET ADDRESS **RT 4 BOX 1438**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Webb, Mary Ellen**
STREET ADDRESS **2915 Meadows Lane**
CITY-ST-ZIP **Palatka, FL 32177**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02
Date

386-328-1010
Daytime Phone #

CR2E037 (9/01)